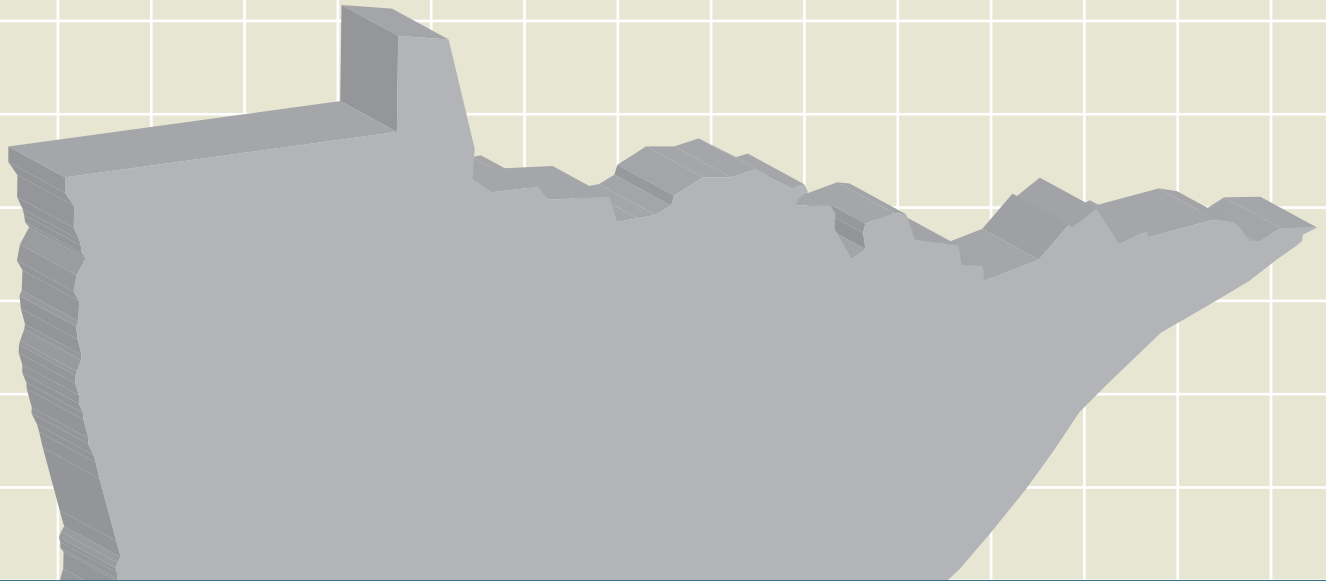




UNIVERSITY OF MINNESOTA
Driven to DiscoverSM

2018 College Student Health Survey Report



Health and Health-Related Behaviors

University of Minnesota–Twin Cities Students



BOYNTON HEALTH
UNIVERSITY OF MINNESOTA

2018 College Student Health Survey Report

Health and Health-Related Behaviors

University of Minnesota–Twin Cities Students



Introduction	iii
Survey	v
Methodology	v
Analysis Summary	vi
Results	1
Health Insurance and Health Care Utilization	1
Mental Health	5
Tobacco Use	13
Alcohol Use and Other Drug Use	19
Personal Safety and Financial Health	29
Nutrition and Physical Activity	37
Sexual Health	41
Implications	45
Appendices	47
Appendix 1 Colleges and Universities Participating in the 2018 College Student Health Survey	47
Appendix 2 University of Minnesota–Twin Cities Students Survey Demographics Based on Student Response	48
Glossary	49
References	51

Introduction

Q: What do the following health conditions and health-related behaviors have in common?

- Health insurance status
- Depression
- Ability to manage stress
- Tobacco use
- Alcohol use
- Engagement in physical activity
- Credit card debt

A: They all affect the health and academic achievement of college students.

In the spring of 2018, 18 postsecondary institutions in Minnesota joined with Boynton Health at the University of Minnesota to collect information from undergraduate and graduate students about their experiences and behaviors in the areas of health insurance and health care utilization, mental health, tobacco use, alcohol and other drug use, personal safety and financial health, nutrition and physical activity, and sexual health.

This report highlights the findings of this comprehensive survey, and serves as an essential first step in identifying health and health-related behavior issues affecting college students. Boynton Health hopes that the information contained in this report will be helpful to college and university leaders as they strive to develop programs and policies that will assure a safe institutional environment, promote access to health care and essential services, encourage responsible student decision making and behavior, and contribute to the health, well-being, and academic success of students enrolled in their schools. The survey results are also intended to raise awareness among state and local policymakers and community leaders concerning the importance of the health of college students to the overall educational, health, and economic status of Minnesota.

Survey

Methodology

Undergraduate and graduate students enrolled in 18 postsecondary institutions in Minnesota completed the 2018 College Student Health Survey, developed by Boynton Health. As an incentive, all students who responded to the survey were entered into a drawing for Amazon gift cards valued at \$1,000 (one), \$500 (one), and \$250 (one). In addition, one student from each participating school was randomly selected to win a \$100 Amazon gift card.

Randomly selected students were contacted through multiple mailings and emails:

- Invitation postcard
- Invitation email
- Reminder postcard and multiple reminder emails

University of Minnesota–Twin Cities Methodology Highlights

- **5,974** students from the University of Minnesota–Twin Cities (UMN–Twin Cities) were randomly selected to participate in this survey.
- **2,412** students completed the survey.
- **40.4%** of the students responded.



2018 College Student Health Survey Postcard

Survey

Analysis Summary

The information presented in this report documents the prevalence of various diseases, health conditions, and health-related behaviors across seven areas:

- Health Insurance and Health Care Utilization
- Mental Health
- Tobacco Use
- Alcohol and Other Drug Use
- Personal Safety and Financial Health
- Nutrition and Physical Activity
- Sexual Health

The prevalence of a disease, health condition, or health-related behavior is defined as the total number of occurrences in a population (in this case, college students) at a given time, or the total number of occurrences in the population divided by the number of individuals in that population.

Prevalence is useful because it measures the commonality of a disease, health condition, or health-related behavior. For example, the College Student Health Survey asked students if they had ever been diagnosed with depression within their lifetime. For the purpose of illustration, if 100 students complete the survey and 10 of them report a diagnosis of depression within their lifetime, the lifetime prevalence of depression in this population of students is 10.0% (10/100).

The results from this survey are based on a random sample of students from each of the participating colleges and universities. Random sampling is a technique in which a group of subjects (in this case, the sample of college students) is selected for study from a larger group (in this case, the population of students enrolled at each of the participating institutions). Each individual is chosen entirely by chance, and each member of the population has an equal chance of being included in the sample. Random sampling ensures that the sample chosen is representative of the population and that the statistical conclusions (in this case, the prevalence) will be valid.

Results

Health Insurance and Health Care Utilization

A student's current health influences his or her ability to realize immediate goals of academic success and graduation, while future health affects the ability to accomplish longer-term goals of finding and sustaining a career. Access to health care has been shown to improve health. Although institutions of higher education differ in scope of services, each institution has a unique opportunity and bears a certain responsibility to address issues related to student health and to reduce barriers to health care access.

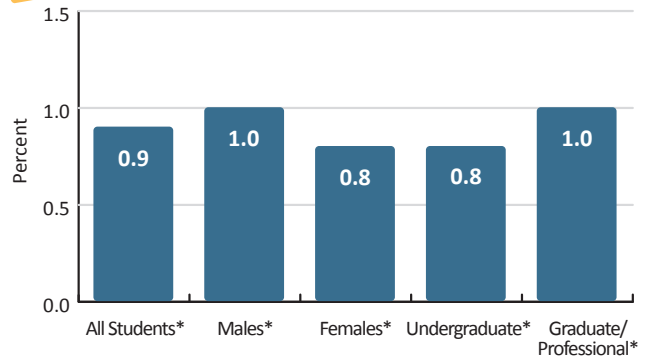
National Comparison

This section examines the areas of health insurance, health services utilization, and preventive care. Recent research indicates that most young adults in the United States, ages 18–24, report good health. The majority of young adults in Minnesota (92.2%) report excellent, very good, or good health (CDC, 2017a). At the same time, young adults have lower rates of health insurance and preventive care utilization than older adults. In Minnesota, 91.3% of 18- to 24-year-olds report some kind of health care insurance (CDC, 2017a). More young males (15.6%) than young females (11.8%) lack health insurance coverage (Schiller et al, 2018). Among all age groups, young adults (77.3%) are least likely to identify a usual place for medical care (Schiller et al, 2018).

Students attending the University of Minnesota–Twin Cities report an overall uninsured rate of **0.9%**. Males have a higher uninsured rate than females (**1.0%** vs. **0.8%**, respectively). Additional analysis shows that international students attending UMN–Twin Cities report an overall uninsured rate of **1.0%**.

Health Insurance Status—Uninsured

All Students

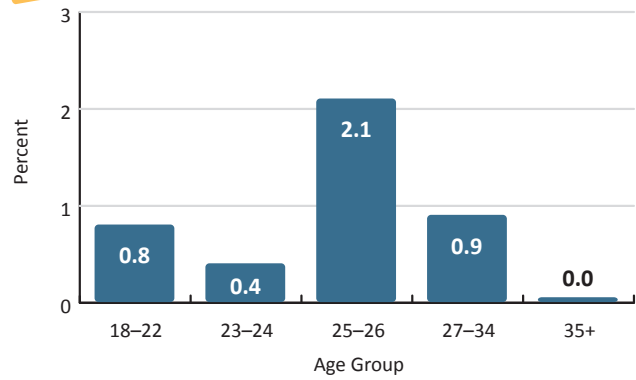


*Does not include international students.

UMN–Twin Cities students ages 25–26 report the highest uninsured rates (**2.1%**), while the lowest rate is among those ages 35 and older (**0.0%**).

Health Insurance Status—Uninsured

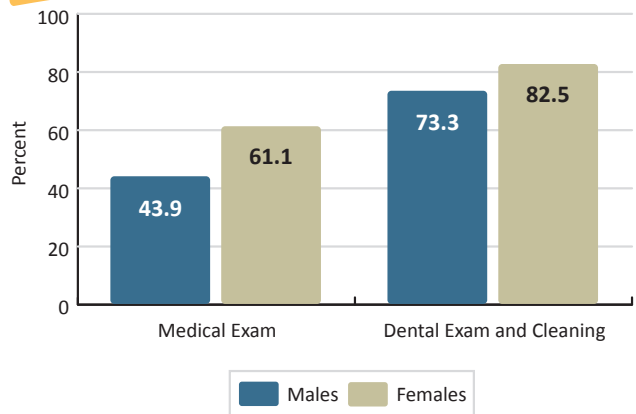
All Students by Age Group



Compared to male UMN–Twin Cities students, female students report obtaining routine medical and dental exams at higher rates.

Preventive Health Care—Past 12 Months

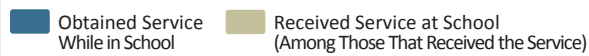
All Students by Gender



Health Care Service Utilization

All Students

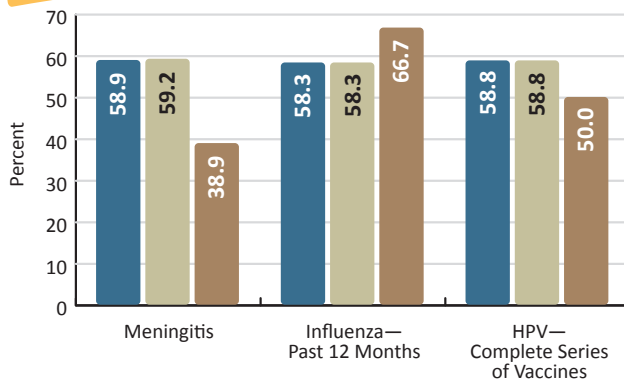
Health Care Service	Percent	
	Obtained Service While in School	Received Service at School (Among Those That Received the Service)
Dental Care	88.5	15.5
Emergency Care (Physical Condition)	52.4	35.2
Mental Health Service (Emergency/Crisis)	28.9	32.4
Mental Health Service (Non-emergency)	48.8	45.9
Routine Doctor's Visit	84.4	24.2
Testing for Sexually Transmitted Infections (Includes HIV)	42.0	40.3
Treatment for Sexually Transmitted Infections (Includes HIV)	23.4	32.7



Among University of Minnesota–Twin Cities students who have obtained non-emergency mental health service, **45.9%** received that care at the university.

Vaccination Status

All Students by Insurance Status



UMN–Twin Cities students with health insurance obtain meningitis and HPV vaccinations at higher rates than students at the college without health insurance. Additionally, among UMN–Twin Cities students, **45.4%** of males and **67.5%** of females report obtaining a complete series of HPV vaccinations.

These immunizations are not currently required for students enrolled in postsecondary institutions.

Average Number of Days Affected by Illness—Past 30 Days

All Students by Gender

Illness	Average Number of Days Affected	
	Males	Females
Poor Mental Health	4.9	7.1
Poor Physical Health	2.3	3.0



Compared to male students at University of Minnesota–Twin Cities, female students at the university report more days of poor mental health and more days of poor physical health.

Results

Mental Health

Mental health issues can have a profound impact on the ability of college and university students to engage fully in the opportunities presented to them. These issues affect their physical, emotional, and cognitive well-being, and can lead to poor academic performance, lower graduation rates, and poor interpersonal relationships.

There is increasing diversity among college and university students. Among undergraduates nationwide, 46.2% describe their race/ethnicity as other than white, 56.0% are female, and 28.7% are age 25 or older (USDOE, 2017). In addition, more than one million international students are studying at U.S. colleges and universities (USDOE, 2016). This diversity presents a myriad of counseling concerns related to multicultural and gender issues, life transition, stress, career and developmental needs, violence, interpersonal relationships, and serious emotional and psychological problems. This array of mental health issues represents ever-increasing challenges as postsecondary institutions strive to meet the needs of their students.

National Comparison

This section examines areas related to the mental health of college and university students. Recent research shows that young adults in the United States have relatively high rates of mental health problems compared to other age groups. Among 18- to 25-year-olds, 22.1% have had a mental illness (i.e., a diagnosable mental, behavioral, or emotional disorder of sufficient duration to meet diagnostic criteria specified within the Diagnostic and Statistical Manual of Mental Disorders-IV) in the past year, 5.9% have had a serious mental illness (i.e., a mental illness that results in functional impairment), 10.9% have had a major depressive episode, and 8.8% have had serious thoughts of suicide (CBHSQ, 2017). Approximately one in eight (12.9%) young adults ages 18–25 have received treatment for a mental health problem in the previous year (CBHSQ, 2017).

A relatively new area of study is the relationship between cumulative effects of childhood abuse (i.e., physical, sexual, and psychological or emotional abuse), commonly referred to as adverse childhood experiences (ACEs), and subsequent development of chronic physical and mental health conditions (CDC, 2014; Chapman, 2003; Edwards, 2003). Findings from the Minnesota Behavioral Risk Factor Surveillance System (BRFSS) survey, which includes ACEs, show that 60% of adults report two or more ACEs, while 15% report five or more. In the Minnesota study, 36% of adults with an ACE score of 5 or more report being diagnosed with depression, compared to 8% among adults with an ACE score of 0 (MDH, 2013).

Among University of Minnesota–Twin Cities students, anxiety and depression are the two most frequently reported mental health diagnoses for both lifetime and the past 12 months.

Mental Health Condition Diagnosis— Lifetime and Past 12 Months

All Students

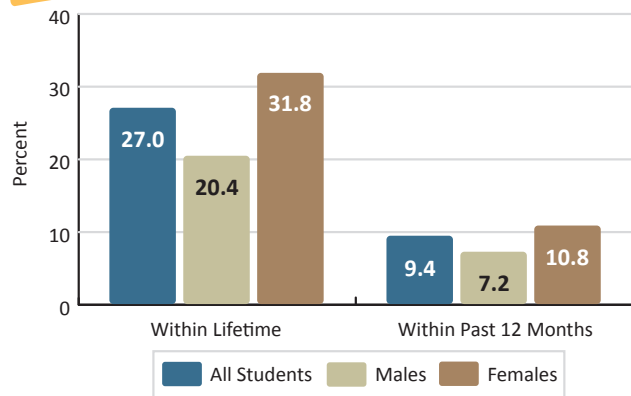
Mental Health Condition	Percent Who Report Being Diagnosed	
	Within Lifetime	Within Past 12 Months
Anorexia	3.3	0.6
Anxiety	31.6	12.9
Attention Deficit Disorder	7.7	2.5
Bipolar Disorder	1.3	0.5
Bulimia	2.1	0.5
Depression	27.0	9.4
Obsessive-Compulsive Disorder	4.1	1.4
Panic Attacks	14.3	5.6
Post-Traumatic Stress Disorder	4.5	1.8
Seasonal Affective Disorder	8.0	3.6
Social Phobia/ Performance Anxiety	8.6	3.9

■ Within Lifetime ■ Within Past 12 Months

Among UMN–Twin Cities students, **27.0%** report being diagnosed with depression within their lifetime, and **9.4%** report being diagnosed with depression within the past 12 months. Females report being diagnosed with depression at higher rates than males.

Depression Diagnosis— Lifetime and Past 12 Months

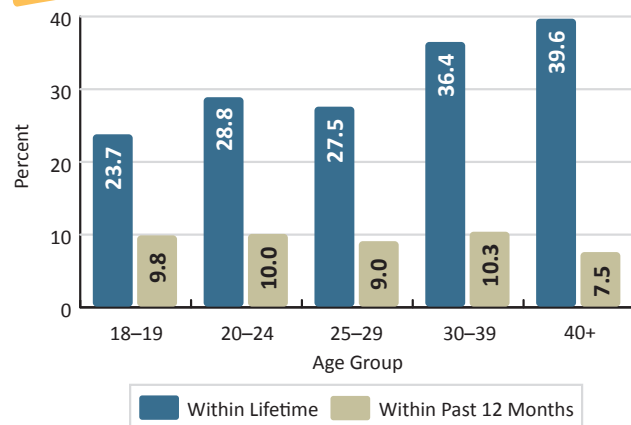
All Students by Gender



UMN–Twin Cities students ages 40 and older report the highest rate of a depression diagnosis within their lifetime, while students ages 30–39 report the highest rate within the past 12 months.

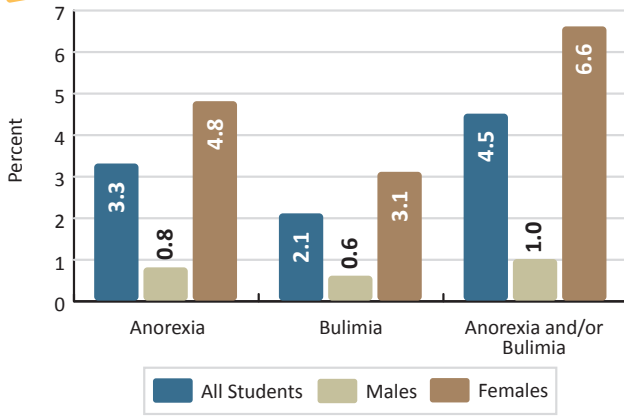
Depression Diagnosis— Lifetime and Past 12 Months

All Students by Age Group



Eating Disorder Diagnosis—Lifetime

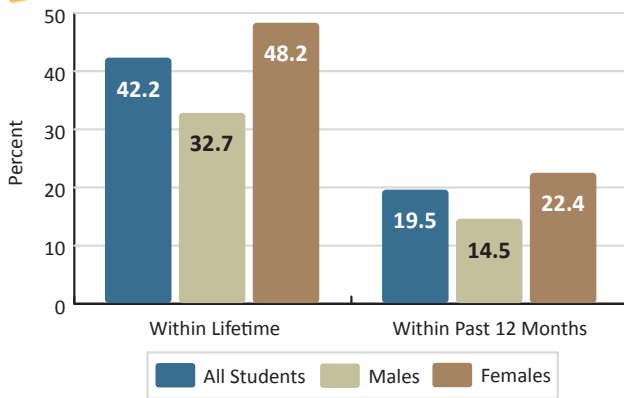
All Students by Gender



Among UMN–Twin Cities students, **1.0%** of males and **6.6%** of females report being diagnosed with anorexia and/or bulimia within their lifetime.

Any Mental Health Condition Diagnosis—Lifetime and Past 12 Months

All Students by Gender

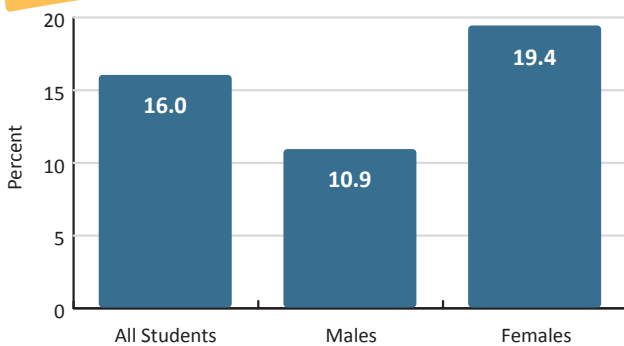


Among UMN–Twin Cities students, **42.2%** report being diagnosed with at least one mental health condition within their lifetime, and **19.5%** report being diagnosed with at least one mental health condition within the past 12 months. Females report being diagnosed with a mental health condition within their lifetime and within the past 12 months at higher rates than males.

Additional analysis shows that **29.6%** of students report being diagnosed with two or more mental health conditions within their lifetime.

Currently Taking Medication for a Mental Health Condition

All Students by Gender

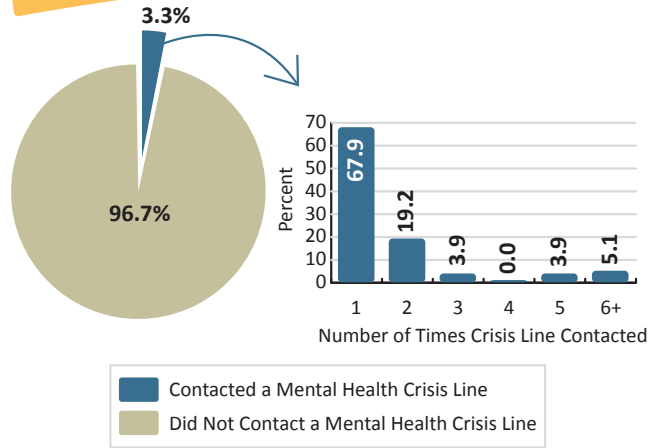


Overall, **16.0%** of UMN–Twin Cities students report that they currently are taking medication for a mental health condition. Compared to males, females report a higher rate of this medication use, which correlates with their higher diagnosis rates for any mental health condition.

Among UMN–Twin Cities students, **3.3%** report contacting a mental health crisis line within the past 12 months. Among these students, nearly nine in ten (**87.1%**) report contacting a crisis line 1–2 times within the past 12 months.

Mental Health Crisis Line Contacted— Past 12 Months

All Students



The most commonly experienced stressors among University of Minnesota–Twin Cities students are roommate/housemate conflict and the death or serious physical illness of someone close to them. A total of **42.4%** of students report experiencing one or two stressors within the past 12 months, and **19.1%** report experiencing three or more stressors over that same time period.

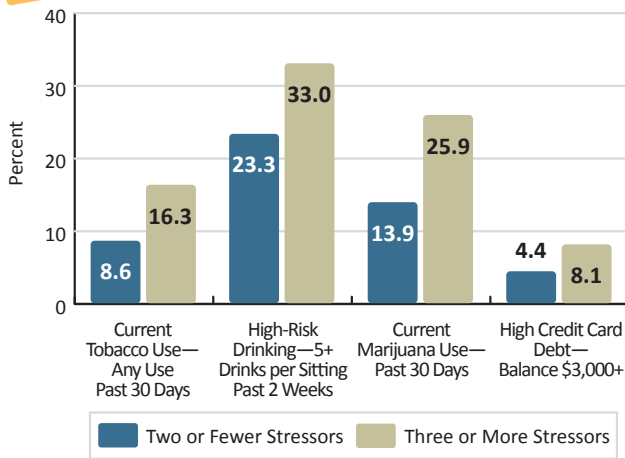
Mental Health Stressors—Past 12 Months

All Students

Stressor	Percent Who Report Experiencing Within Past 12 Months
Arrested	0.2
Attempted Suicide	0.7
Bankruptcy	0.3
Death of Someone Close to You	14.8
Diagnosed With a Serious Mental Illness	7.8
Diagnosed With a Serious Physical Illness	3.0
Excessive Credit Card Debt	5.6
Excessive Debt Other Than Credit Card	10.7
Failing a Class	7.1
Fired or Laid Off From a Job	1.2
Getting Married	2.9
Issues Related to Sexual Orientation	3.7
Lack of Health Care Coverage	3.8
Parental Conflict	13.6
Put on Academic Probation	3.6
Roommate/Housemate Conflict	20.6
Serious Physical Illness of Someone Close to You	14.8
Spouse/Partner Conflict (Includes Divorce or Separation)	6.0
Termination of Personal Relationship (Not Including Marriage)	14.6
Zero of the Above Stressors	38.5
One or Two of the Above Stressors	42.4
Three or More of the Above Stressors	19.1

Note: Items found in this table are based on the Holmes and Rahe Stress Scale (Homes and Rahe, 1967). The items included in the stress scale were adapted to college students.

Mental Health Stressors and Risky Behavior* All Students

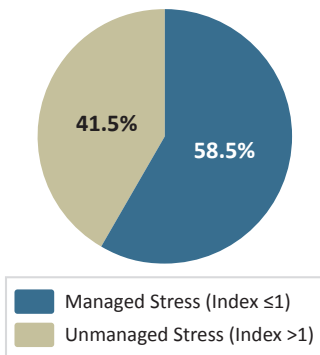


*Number of stressors is based on reported experiences within the past 12 months.

An association appears to exist between the reported number of stressors experienced within the past 12 months and various types of risk-taking behavior. UMN–Twin Cities students experiencing three or more stressors within those 12 months tend to have higher rates of current tobacco use, high-risk drinking, current marijuana use, and high credit card debt compared to students experiencing two or fewer stressors.

Ability to Manage Stress—Past 12 Months All Students

In an attempt to measure effectiveness in managing stress, students are asked to rate their stress level and their ability to manage stress, each on a scale of 1 to 10. The reported stress level is then divided by the reported ability to manage stress. Any result greater than 1 means a student is not effectively managing his or her stress.



More than two-fifths (**41.5%**) of UMN–Twin Cities students report that they are unable to manage their stress level. Additional analysis shows that, among these students, **14.1%** report a diagnosis of depression within the past 12 months. Approximately three in five (**58.5%**) UMN–Twin Cities students report that they are able to manage their level of stress; of these, only **6.1%** report a diagnosis of depression within the past 12 months.

Stress and Diagnosis of Mental Health, Acute, and Chronic Conditions—Past 12 Months All Students

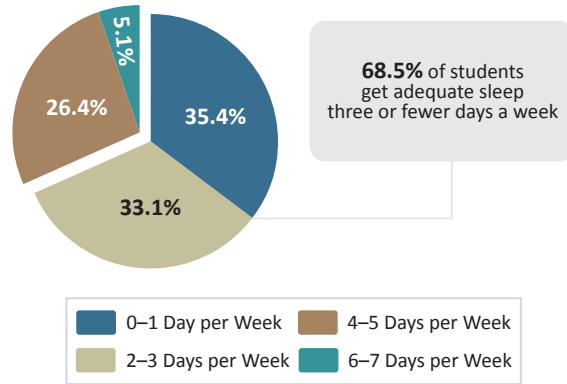
Condition	Percent Who Report Being Diagnosed Within the Past 12 Months	
	Managed Stress (Index ≤1)	Unmanaged Stress (Index >1)
Anxiety	9.0	18.4
Depression	6.1	14.1
Obsessive-Compulsive Disorder	0.8	2.3
Panic Attacks	3.2	9.2
Social Phobia/Performance Anxiety	2.8	5.5

An association appears to exist between unmanaged stress levels and higher rates of diagnosis for various mental health conditions. For example, **18.4%** of UMN–Twin Cities students with unmanaged stress levels report being diagnosed with anxiety within the past year, compared to only **9.0%** of students with managed stress levels reporting the same diagnosis.

In response to a question asking UMN–Twin Cities students how often in the past seven days they got enough sleep to feel rested when they woke up in the morning, more than two-thirds (**68.5%**) report receiving adequate sleep on three or fewer of the previous seven days.

Number of Days of Adequate Sleep— Past Seven Days

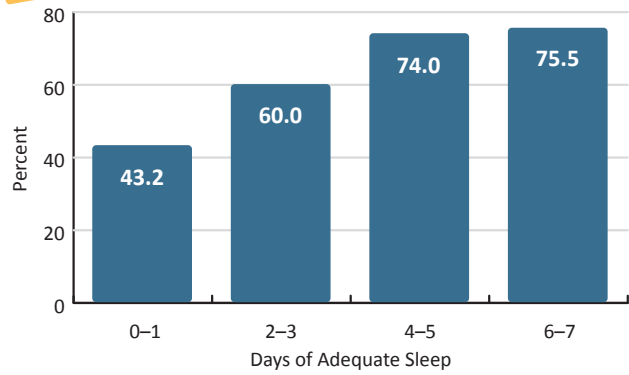
All Students



Receiving adequate sleep appears to have an impact on students’ ability to manage stress. Only **43.2%** of UMN–Twin Cities students who report receiving 0–1 day of adequate sleep in the past week report that they are able to manage their stress, compared to **75.5%** of students who report 6–7 days of adequate sleep in that period.

Adequate Sleep and Ability to Manage Stress*

All Students



*Days of adequate sleep is based on reported experiences in the past seven days and ability to manage stress is based on reported experiences within the past 12 months.

Impact of Health and Personal Issues on Academic Performance—Past 12 Months

All Students

Students were asked to respond to the following question:

During the past 12 months, how have the following affected your academic performance?

The response options were:

- I do not have this issue/not applicable
- I have this issue—my academics have not been affected
- I have this issue—my academics have been affected

Health or Personal Issue	Percent	
Alcohol Use	17.9	11.2
Any Disability (Learning, ADD/ADHA, Physical, etc.)	10.6	55.3
Chronic Health Condition	13.0	23.7
Concern for Family Member or Friend	34.4	30.9
Eating Disorder	6.4	24.3
Excessive Computer/Internet Use	49.9	45.0
Financial Difficulties	32.3	27.5
Food Insecurity	6.7	29.1
Homelessness	1.1	36.0
Marijuana Use	9.0	15.3
Mental Health Issue (Depression, Anxiety, etc.)	41.7	56.4
Pregnancy	1.7	31.6
Relationship Issue with Roommate/Housemate	19.2	27.4
Relationship Issue with Someone Other Than Roommate/Housemate	21.3	34.9
Serious Injury	3.4	49.4
Sexual Assault	3.1	47.8
Sexually Transmitted Infection	2.0	13.6
Sleep Difficulties	45.5	53.8
Stress	75.4	51.1
Upper Respiratory Infection (Cold/Flu, Sinus, Strep, etc.)	31.0	38.8

- Report Having the Issue
- Report the Issue Impacted Academics (Among Those Who Report Having the Issue)

The four most commonly reported issues among students at University of Minnesota—Twin Cities are stress (75.4%), excessive computer/internet use (49.9%), sleep difficulties (45.5%) and any mental health issue (41.7%). Among students who report a particular issue, the issues with the greatest impact on academic performance are any mental health issue (56.4%), any disability (55.3%), any sleep difficulties (53.8%), and stress (51.1%).

Answering questions about events occurring before age 18, **43.3%** of UMN–Twin Cities students report that a parent or adult in their home swore at them, insulted them, or put them down, and **33.8%** report living with someone who was depressed, mentally ill, or suicidal.

Adverse Childhood Experiences

All Students

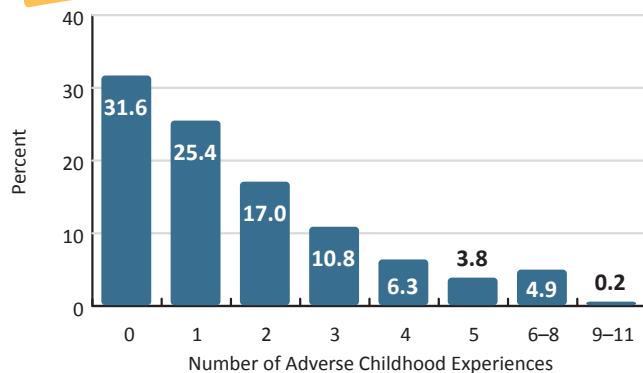
Questions on adverse childhood experiences (ACEs) were developed in 2008 by the Centers for Disease Control and Prevention (CDC), with the goal of studying associations between childhood maltreatment and issues of health and well-being that appear later in life (CDC, 2014). A growing body of research supports the idea that childhood experiences of abuse, neglect, and family dysfunction are connected to adverse health outcomes in adulthood, including chronic disease, lower educational achievement, poor physical and mental health, lower economic success, and social problems.

ACEs Question (Questions pertain to events happening before age 18)	Percent Who Responded Yes, Once, or More Than Once
Did you live with anyone who was depressed, mentally ill, or suicidal?	33.8
Did you live with anyone who was a problem drinker or alcoholic?	17.4
Did you live with anyone who used illegal street drugs or who abused prescription medications?	10.6
Did you live with anyone who served time or was sentenced to serve time in prison, jail, or other correctional facility?	5.8
Were your parents separated or divorced?	20.5
How often did your parents or adults in your home ever slap, hit, kick, punch, or beat each other up?	13.2
How often did a parent or adult in your home ever hit, beat, kick, or physically hurt you in any way? (Do not include spanking.)	14.1
How often did a parent or adult in your home ever swear at you, insult you, or put you down?	43.3
How often did anyone at least 5 years older than you or an adult, ever touch you sexually?	6.5
How often did anyone at least 5 years older than you or an adult, try to make you touch them sexually?	4.4
How often did anyone at least 5 years older than you or an adult, force you to have sex?	1.6

More than two-thirds (**68.4%**) of UMN–Twin Cities students report experiencing at least one adverse childhood experience.

Number of Adverse Childhood Experiences—Lifetime

All Students



Results

Tobacco Use

Young adults transitioning between high school and college find themselves in an environment with increased opportunities to make personal and lifestyle decisions without supervision or input from their parents. This newfound freedom, coupled with growing academic pressure and an expanding social network, can lead to experimentation and risky behaviors such as smoking. Preventing smoking among young adults is critical to reducing both the long-term use of tobacco products and their subsequent negative health consequences.

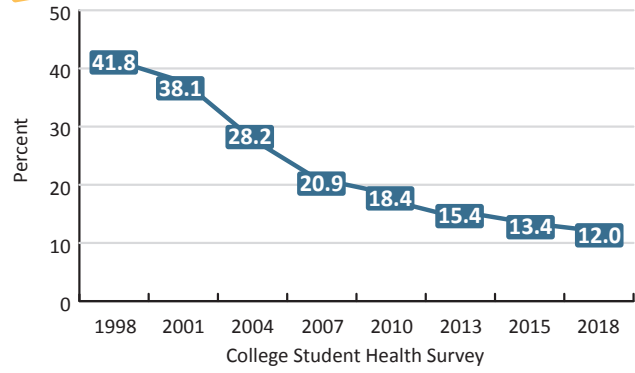
National Comparison

Nearly one-fourth (24.0%) of 18- to 20-year-olds (CBHSQ, 2015) and nearly one-fourth (23.5%) of young adults ages 18–25 report cigarette use in the past 30 days, and 5.2% used smokeless tobacco in the previous month (CBHSQ, 2017). Among full-time college students, 18.7% smoked cigarettes at least one time in the previous year, about one in eleven (8.9%) smoked cigarettes at least one time in the previous 30 days, and about one in 35 (2.6%) smoke cigarettes daily (Schulenberg et al, 2017). Approximately one-tenth (9.7%) of full-time college students smoked e-cigarettes at least one time in the previous year (Johnston et al, 2015). Current cigarette smokers are more likely to use other tobacco products, alcohol, or illicit drugs than nonsmokers (CBHSQ, 2015). Among all current smokers, 68.0% want to completely stop smoking, 55.4% made an attempt to quit in the past year, and 7.4% successfully quit within the past year (CDC, 2017b). Of the 15 million college students in the United States, an estimated 1.7 million will die prematurely due to smoking-related illnesses (Halperin, 2002). The current level of tobacco use among college students clearly poses a major health risk.

The current tobacco use rate for University of Minnesota–Twin Cities students ages 18–24 has decreased from **41.8%** in 1998 to **12.0%** in 2018.

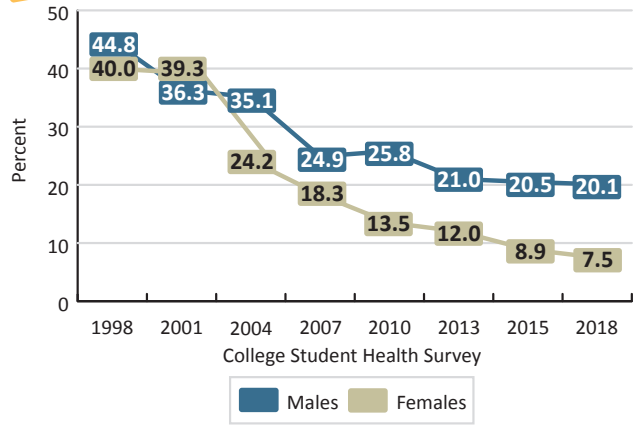
Definition:
Current Tobacco Use
 Any tobacco use within the past 30 days. Tobacco use includes both smoking and smokeless tobacco.

Current Tobacco Use—Longitudinal
 18- to 24-Year-Old Students



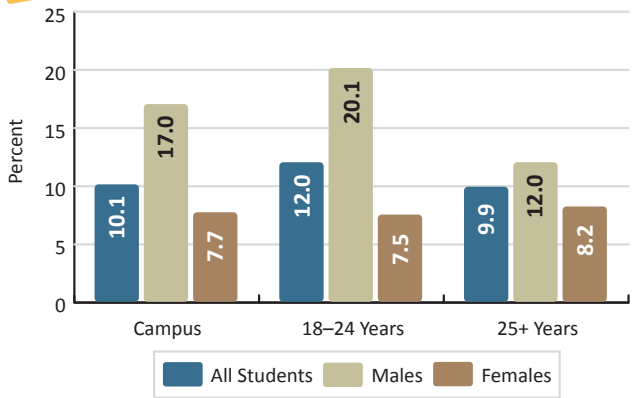
The current tobacco use rates for UMN–Twin Cities male and female students ages 18–24 have decreased since 1998. Comparing the current tobacco use rates over time shows that females tend to use tobacco at a lower rate than males.

Current Tobacco Use—Longitudinal
 18- to 24-Year-Old Students by Gender



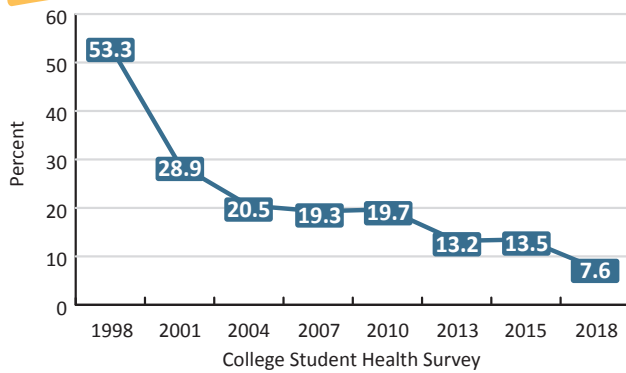
University of Minnesota–Twin Cities students ages 18–24 have a higher rate of current tobacco use compared to students age 25 and older (**12.0%** vs. **9.9%**, respectively). Within each age group, male students report a higher current tobacco use rate than female students.

Current Tobacco Use
 All Students by Age Group and Gender



Current Tobacco Use—Longitudinal

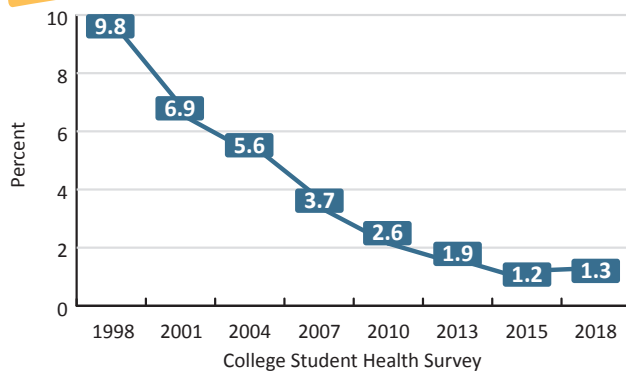
First-Year Students



The current tobacco use rate for first-year students attending the University of Minnesota—Twin Cities decreased from **53.3%** in 1998 to **7.6%** in 2018.

Daily Tobacco Use—Longitudinal

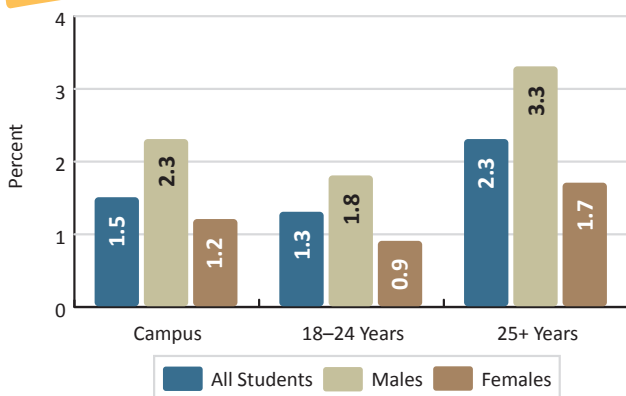
18- to 24-Year-Old Students



The daily tobacco use rate for University of Minnesota—Twin Cities students ages 18–24 has decreased from **9.8%** in 1998 to **1.3%** in 2018.

Daily Tobacco Use

All Students by Age Group and Gender



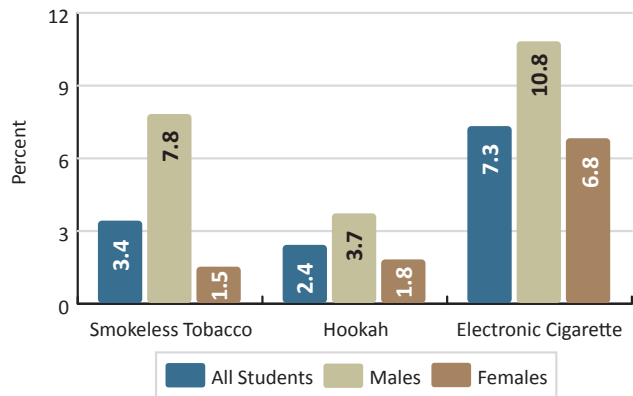
University of Minnesota—Twin Cities students age 25 and older have a higher rate of daily tobacco use compared to students ages 18–24 (**2.3%** vs. **1.3%**, respectively). Within each age group, male students report a higher daily tobacco use rate than female students.

Overall, **3.4%** of UMN–Twin Cities students report using smokeless tobacco, **2.4%** report using a hookah, and **7.3%** report using an electronic cigarette during the past 30 days.

<p>Definition: Current Smokeless Tobacco Use</p> <p>Any smokeless tobacco use within the past 30 days.</p>
<p>Definition: Current Hookah Use</p> <p>Any use of tobacco from a water pipe (hookah) within the past 30 days.</p>
<p>Definition: Current Electronic Cigarette Use</p> <p>Any electronic cigarette use within the past 30 days.</p>

Current Smokeless Tobacco, Hookah, and Electronic Cigarette Use

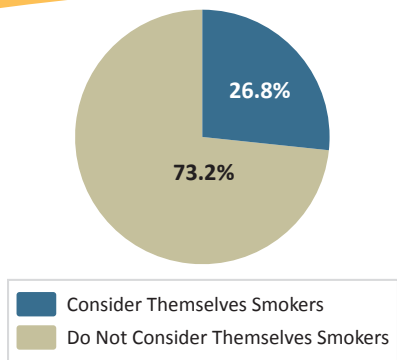
All Students by Gender



Among students at UMN–Twin Cities who report smoking tobacco in the past 30 days, **73.2%** do not consider themselves smokers.

Consider Themselves Smokers

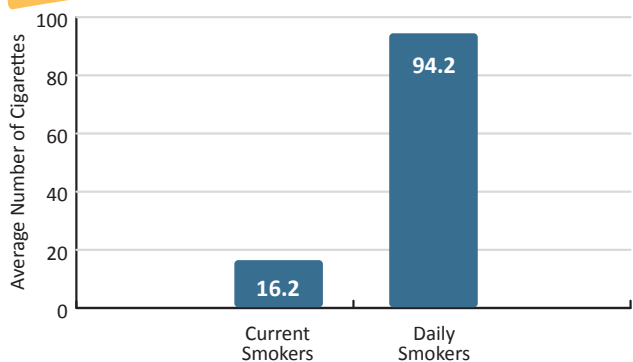
Current Smokers



The average number of cigarettes smoked per week over the past 30 days by UMN–Twin Cities students is **16.2** among current smokers and **94.2** among daily smokers.

Average Number of Cigarettes Smoked Per Week—Past 30 Days

Current vs. Daily Smokers



Secondhand Smoke Exposure

All Students

Location	Percent Who Indicate Exposure					
	Nonsmokers		Current Smokers		All Students	
In a Car	4.3	N/A	21.2	N/A	5.7	N/A
Off Campus	6.1	42.8	6.1	53.5	6.1	43.7
On Campus	3.6	41.3	4.5	39.9	3.6	41.2
Where I Live	2.8	11.5	9.1	27.8	3.4	12.8
Other	3.1	17.0	3.0	24.2	3.1	17.6
N/A—Never Exposed	20.5		15.7		20.1	



Among UMN–Twin Cities students, **41.3%** of nonsmokers and **39.9%** of smokers report being exposed to secondhand smoke on campus (outside) in an average week.

Results

Alcohol Use and Other Drug Use

For some young adults, college life includes an introduction to or an increase in the use of alcohol, marijuana, and various illicit drugs. Whether students are using these substances to signify emergence into adulthood, enhance their social life, or cope with stress, substance abuse can lead to a decline in classroom performance, lower grades, aggressive behavior, property damage, and personal injury.

National Comparison

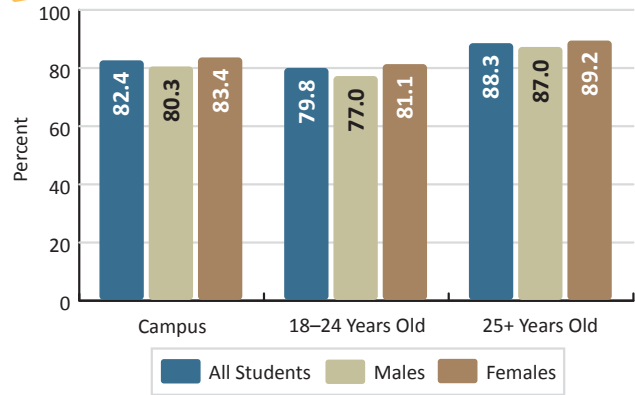
American college students consume alcohol and other drugs at very high rates. Among full-time college students, four in five (81.3%) have consumed alcohol at least one time, nearly four in five (78.9%) have consumed alcohol in the past year, and about three in five (63.2%) consume alcohol monthly (Schulenberg et al, 2017). The rate of binge drinking (consuming five or more alcoholic beverages in a row in the previous two weeks) is highest for those ages 21–25, at 43.3%, and is 28.5% among 18- to 20-year-olds (CBHSQ, 2015). Compared to those not enrolled in college full-time, young adults ages 18–22 who are enrolled full-time are more likely to consume alcohol monthly and to binge drink (CBHSQ, 2015).

More than one-half (54.4%) of full-time college students have used an illicit drug at least once in their lifetime, more than four in ten (42.8%) have used an illicit drug at least once in the past year, and nearly one in four (24.3%) have used an illicit drug in the last month (Schulenberg et al, 2017). Marijuana is the illicit drug of choice for full-time college students, with more than half (51.0%) having used the drug at least once in their lifetime, nearly two in five (39.3%) having used it in the past year, and nearly one-fourth (22.2%) having used it in the past month (Schulenberg et al, 2017). Among full-time college students, 9.8% have used amphetamines, 4.7% have used cocaine, and 4.5% have used hallucinogens in the previous year (Schulenberg et al, 2017).

The past-12-month alcohol use rate for all University of Minnesota–Twin Cities students is **82.4%**. Students ages 25 and older have a higher rate of using alcohol in the past 12 months compared to students ages 18–24 (**88.3%** vs. **79.8%**, respectively). Within each age group, female students report a higher past-12-month alcohol use rate than male students.

Definition:
Past 12-Month Alcohol Use
 Any alcohol use within the past year.

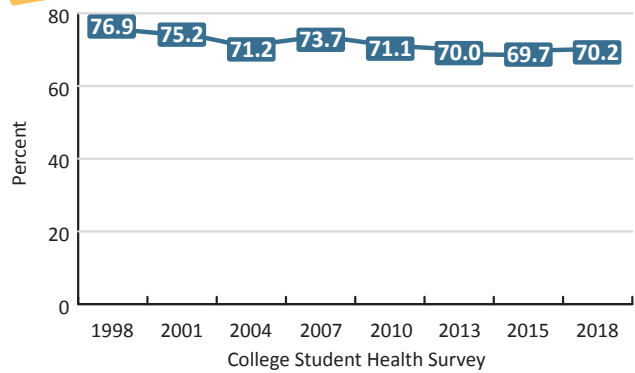
Alcohol Use—Past 12 Months
 All Students by Age Group and Gender



The current alcohol use rate for University of Minnesota–Twin Cities students ages 18–24 has decreased from **76.9%** in 1998 to **70.2%** in 2018.

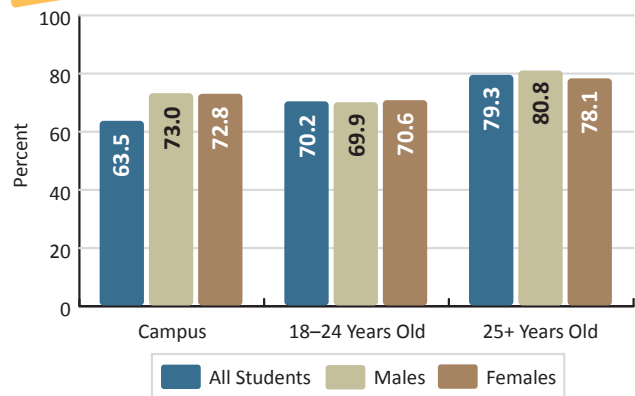
Definition:
Current Alcohol Use
 Any alcohol use within the past 30 days.

Current Alcohol Use—Longitudinal
 18- to 24-Year-Old Students

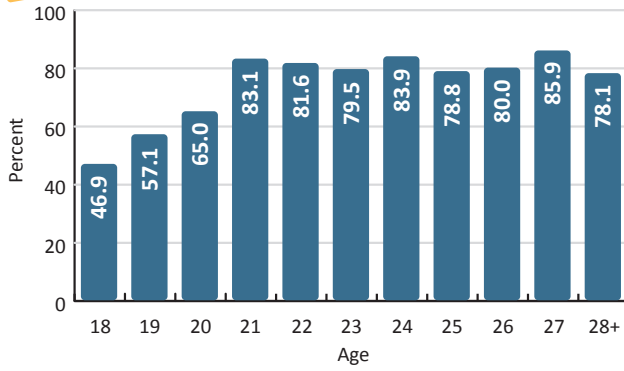


The current alcohol use rate for all University of Minnesota–Twin Cities students is **63.5%**. UMN–Twin Cities students age 25 and older have a higher current alcohol use rate compared to students ages 18–24 (**79.3%** vs. **70.2%**, respectively). Among students age 25 and older, males report a higher current alcohol use rate than females, but females report a higher current alcohol use rate than males among students ages 18–24.

Current Alcohol Use
 All Students by Age Group and Gender

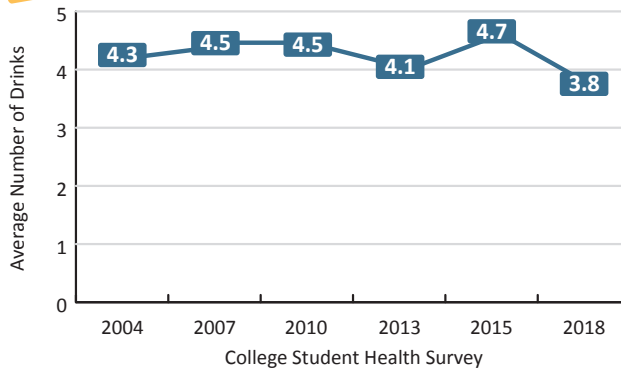


Current Alcohol Use All Students by Age



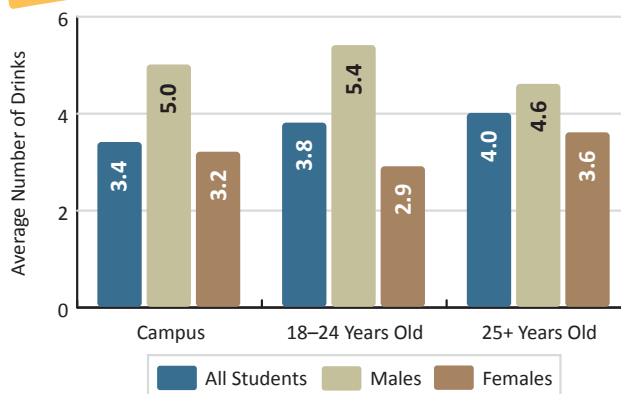
Among UMN–Twin Cities students, the rate of current alcohol consumption increases from **46.9%** of 18-year-olds to **85.9%** of 27-year olds.

Average Number of Drinks per Week—Longitudinal 18- to 24-Year-Old Students



The average number of drinks consumed per week by University of Minnesota–Twin Cities students ages 18–24 has dropped since 2004 from an average of **4.3** drinks per week in 2004 to **3.8** drinks per week in 2018.

Average Number of Drinks per Week All Students by Gender



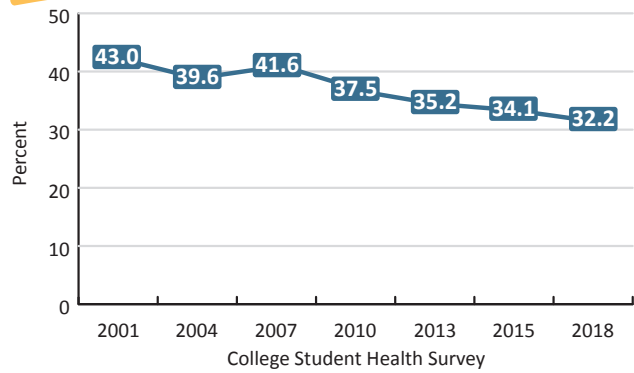
University of Minnesota–Twin Cities students consume an average of **3.4** drinks per week. UMN–Twin Cities students ages 18–24 consume a slightly lower average number of drinks per week compared to UMN–Twin Cities students age 25 and older (**3.8** vs. **4.0**, respectively). Within each age group, male students report consuming a higher average number of drinks per week than female students.

The high-risk drinking rate for University of Minnesota–Twin Cities students ages 18–24 has decreased from **43.0%** in 2001 to **32.2%** in 2018.

Definition:
High-Risk Drinking
 Consumption of five or more alcoholic drinks at one sitting within the past two weeks for both males and females. A drink is defined as one shot of alcohol, a 12-ounce beer, a mixed drink containing 1 or 1.5 ounces of alcohol, a 12-ounce wine cooler, or a 5-ounce glass of wine.

High-Risk Drinking—Longitudinal

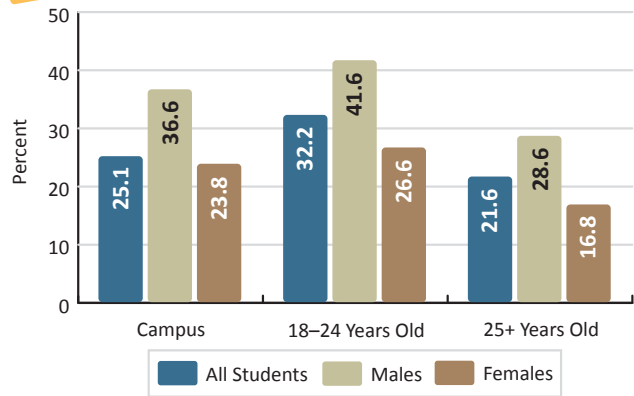
18- to 24-Year-Old Students



More than one-fourth (**25.1%**) of University of Minnesota–Twin Cities students report engaging in high-risk drinking. UMN–Twin Cities students ages 18–24 report a higher high-risk drinking rate compared to UMN–Twin Cities students age 25 and older (**32.2%** vs. **21.6%**, respectively). Within each age group, male students report a higher rate of high-risk drinking compared to female students.

High-Risk Drinking

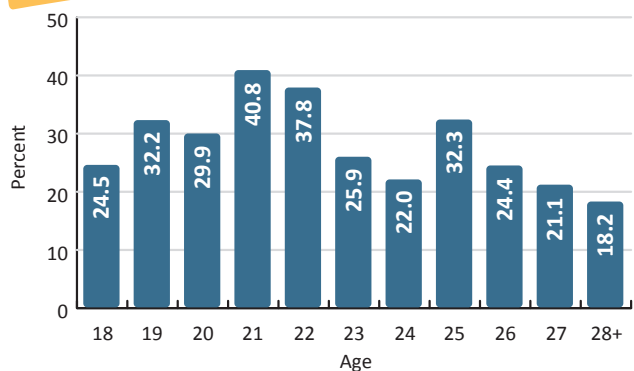
All Students by Age Group and Gender



Among University of Minnesota–Twin Cities students, the peak years for engaging in high-risk drinking are between ages 21 and 22.

High-Risk Drinking

All Students by Age



High-Risk Drinking Rates on Campus— Perceived vs. Actual

All Students

Question asked:

In the past two weeks, what percentage of students at your school do you think had five or more drinks at a sitting? (One drink = one shot of alcohol, a 12-ounce beer, a mixed drink containing 1 or 1.5 ounces of alcohol, a 12-ounce wine cooler, or a 5-ounce glass of wine.)

High-Risk Drinking Status	Students' Perception of High-Risk Drinking by School Peers	Actual High-Risk Drinking Rate
All Students	37.3%	25.1% of All Students
High-Risk Drinkers	45.4%	
Non-High-Risk Drinkers	33.8%	

Students attending UMN–Twin Cities overestimate the rate of high-risk drinking on their campus. The estimate from all students is **37.3%**, while the actual rate is **25.1%**. Those who have engaged in high-risk drinking estimate a rate of **45.4%**, while those who have not engaged in high-risk drinking estimate a rate of **33.8%**.

Blood Alcohol Content

Blood alcohol content (BAC) measures the percentage of alcohol in a person's blood. The calculation of BAC is based on a formula that takes into account the following factors:

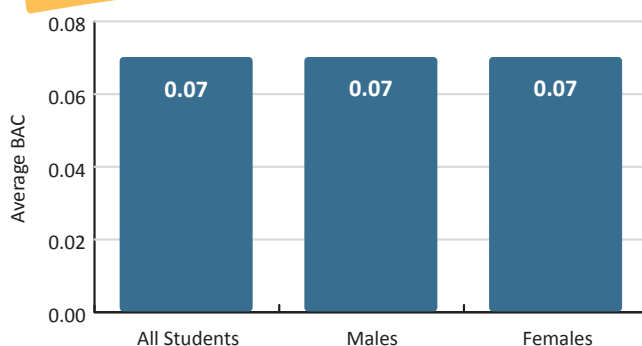
- Gender
- Current body weight
- Amount of alcohol consumed (number of drinks)
- Time period of consumption
- Concentration of alcohol in the beverage consumed (based on the alcohol content of one typical can of beer containing 4.5% alcohol)

The BAC of a student on the most recent socializing/partying occasion was calculated based on answers to four different survey questions (gender, current body weight, amount of alcohol consumed, and time period of consumption). It should be noted that the BAC calculated in this study is an estimate. This information is self-reported, and students tend to underestimate the actual amount of alcohol they consume.

The legal driving limit for individuals of legal drinking age is 0.08.

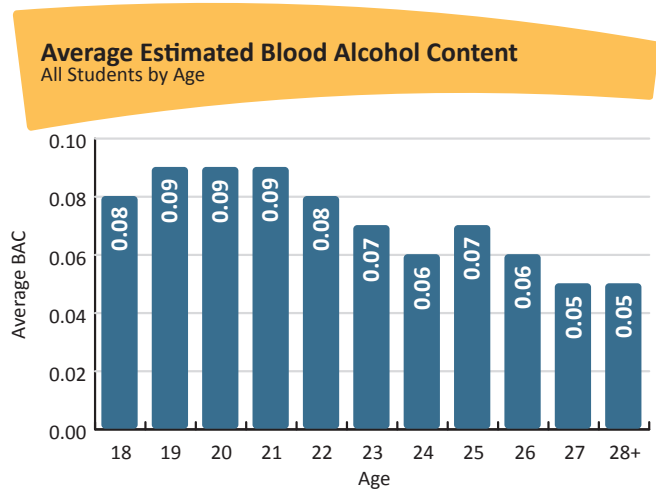
Average Estimated Blood Alcohol Content

All Students by Gender



The average estimated BAC among students at University of Minnesota–Twin Cities, based on the last time the student partied/socialized, is **0.07**. The average is the same for males and females.

The average estimated BAC levels for University of Minnesota–Twin Cities students range from **0.05** to **0.09**, with the estimated BAC for all survey respondents averaging **0.07**. Students ages 19–21 report average estimated BAC levels of **0.09**, which exceed the legal driving limit of 0.08 for individuals of legal drinking age.



About one in 25 (**4.2%**) UMN–Twin Cities students report having driven a car within the past 12 months while under the influence of alcohol; for the same period, **9.6%** report missing a class and **8.3%** report performing poorly on a test or project as a result of alcohol use.

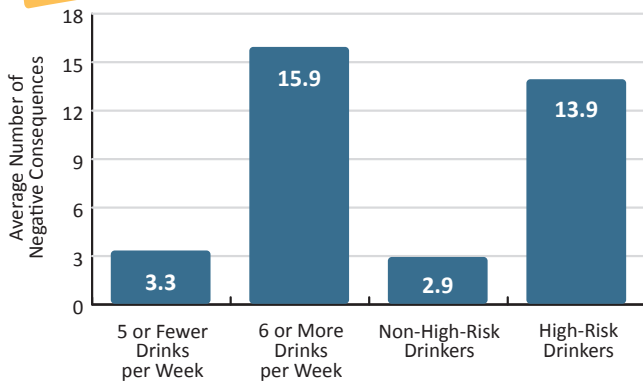
Negative Consequences of Alcohol Use

All Students

Negative Consequence Due to Alcohol Use	Percent Who Report Experiencing Within Past 12 Months
Arrested for a DWI/DUI	0.3
Criticized by Someone I Know	12.1
Damaged Property, Pulled Fire Alarm, etc.	0.8
Done Something I Later Regretted	19.9
Driven a Car While Under the Influence	4.2
Got Into an Argument or Fight	10.7
Got Nauseated or Vomited	33.6
Had a Hangover	48.9
Had a Memory Loss	20.3
Have Been Taken Advantage of Sexually	2.6
Have Taken Advantage of Another Sexually	0.5
Hurt or Injured	5.3
Missed a Class	9.6
Performed Poorly on a Test or Important Project	8.3
Seriously Thought About Suicide	3.5
Seriously Tried to Commit Suicide	0.3
Thought I Might Have a Drinking Problem	8.7
Tried Unsuccessfully to Stop Using	1.8
Trouble with Police, Residence Hall, or Other University/College Authorities	2.6

Average Number of Alcohol-Related Negative Consequences*

All Students by Average Number of Drinks and High-Risk Drinking



*The average number of drinks is based on behavior in the past 30 days, high-risk drinking is based on behavior in the past two weeks, and the average number of negative consequences is based on reported experiences in the past 12 months.

A strong association exists between the average number of drinks UMN–Twin Cities students consume per week and the total number of reported alcohol-related negative consequences experienced over the past 12 months. An association also exists between engaging in high-risk drinking within the past two weeks and reported negative consequences.

High-Risk Drinking and Selected Consequences*

All Students

Negative Consequence Due to Alcohol Use	Percent		
Driven a Car While Under the Influence	4.2	2.6	8.9
Got into an Argument or Fight	10.7	5.8	25.1
Have Been Taken Advantage of Sexually (Includes Males and Females)	2.6	1.9	4.6
Missed a Class	9.6	4.1	26.1
Performed Poorly on a Test or Important Project	8.3	4.0	21.1

Legend: All Students (Blue), Non-High-Risk Drinkers (Green), High-Risk Drinkers (Brown)

*High-risk drinking is based on behavior in the past two weeks while the rate for negative consequences is based on reported experiences in the past 12 months.

Rates for most alcohol-related negative consequences are four or more times higher among UMN–Twin Cities students who engaged in high-risk drinking in the previous two weeks compared to those who did not. Nearly one in eleven (**8.9%**) students who have engaged in high-risk drinking in the past two weeks report driving while under the influence of alcohol one or more times in the past 12 months.

Likelihood of Calling 911 in an Alcohol- or Drug-Related Situation

All Students

Response	Percent		
Very Likely	68.1	68.6	67.9
Somewhat Likely	22.3	23.3	22.0
Somewhat Unlikely	6.8	5.1	7.4
Very Unlikely	2.8	3.0	2.7

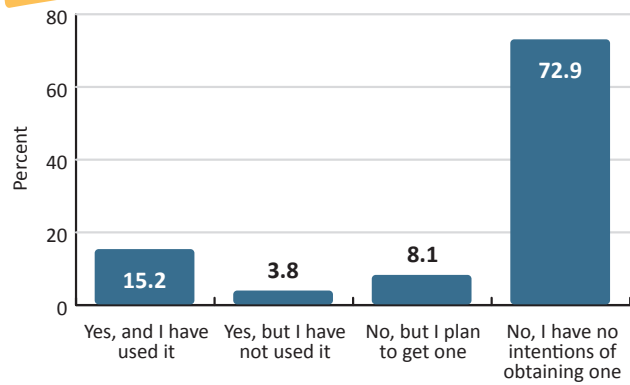
Legend: All Students (Blue), Students Who Did Not Use Alcohol Within the Past 30 Days (Green), Students Who Did Use Alcohol Within the Past 30 Days (Brown)

Asked if they would call 911 if someone passes out due to alcohol/drug use and couldn't be awakened, **68.1%** of all UMN–Twin Cities students report they would be “very likely” to call for emergency assistance.

Most students at University of Minnesota–Twin Cities do not have a fake ID and do not have intentions of obtaining one (**72.9%**). Of those who do have a fake ID, **77.4%** have an ID that someone else made, **18.0%** have someone else’s ID, and **4.5%** have both types of ID.

Fake ID Ownership

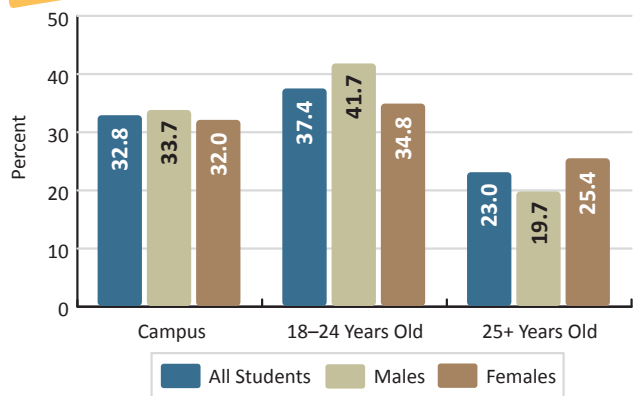
All Students under 21 Years of Age



The rate for any marijuana use within the past 12 months is **32.8%** for all University of Minnesota–Twin Cities students. UMN–Twin Cities students ages 18–24 have a higher rate of using marijuana in the past 12 months compared to students age 25 and older (**37.4%** vs. **23.0%**, respectively). Male students ages 18–24 report a higher past-12-month marijuana use rate than female students, but female students ages 25 and older report a higher rate than male students.

Marijuana Use—Past 12 Months

All Students by Age Group and Gender



Definition:

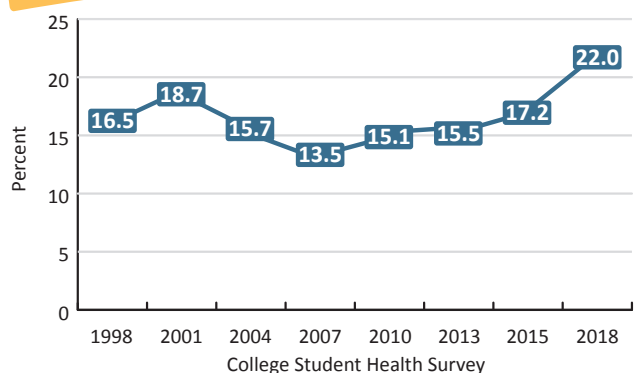
Past 12-Month Marijuana Use

Any marijuana use within the past year.

The current marijuana use rate for UMN–Twin Cities students ages 18–24 has fluctuated since 1998, ranging from a low of **13.5%** in 2007 to a high of **22.0%** in 2018.

Current Marijuana Use—Longitudinal

18- to 24-Year-Old Students

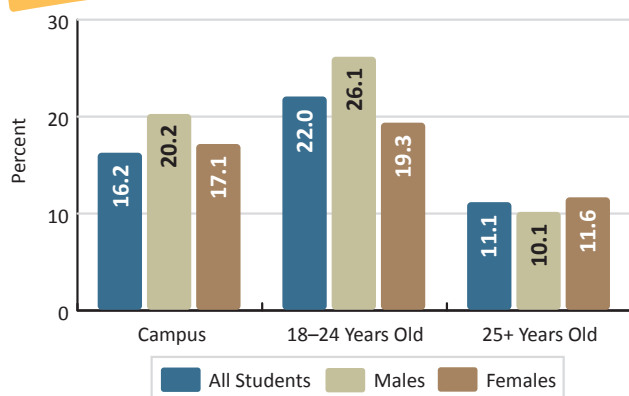


Definition:

Current Marijuana Use

Any marijuana use within the past 30 days.

Current Marijuana Use All Students by Age Group and Gender



The current marijuana use rate is **16.2%** for all U of M students. U of M students ages 18–24 have a higher current marijuana use rate compared to students age 25 and older (**22.0%** vs. **11.1%**, respectively). Among the 18–24-year-olds, male students report a higher current marijuana use rate than female students. Among students 25 and older, female students report a higher current marijuana use rate than male students.

Negative Consequences of Marijuana Use All Students

Negative Consequence Due to Marijuana Use	Percent Who Report Experiencing Within Past 12 Months
Arrested for a DWI/DUI	0.2
Criticized by Someone I Know	2.8
Damaged Property, Pulled Fire Alarm, etc.	0.2
Done Something I Later Regretted	1.5
Driven a Car While Under the Influence	3.8
Got Into an Argument or Fight	0.5
Got Nauseated or Vomited	2.5
Had a Hangover	1.7
Had a Memory Loss	2.7
Have Been Taken Advantage of Sexually	0.5
Have Taken Advantage of Another Sexually	0.2
Hurt or Injured	0.3
Missed a Class	2.1
Performed Poorly on a Test or Important Project	1.4
Seriously Thought About Suicide	0.6
Seriously Tried to Commit Suicide	0.2
Thought I Might Have a Drug Problem	2.4
Tried Unsuccessfully to Stop Using	1.1
Trouble with Police, Residence Hall, or Other University/College Authorities	0.8

Fewer than one in 25 (**3.8%**) UMN–Twin Cities students report having driven a car within the past 12 months while under the influence of marijuana, **2.1%** report missing a class due to marijuana use, and **2.4%** report thinking they might have a drug problem.

Among UMN–Twin Cities students, **8.8%** report having used at least one of the eight listed illicit drugs within the past 12 months, **6.6%** report using another person’s ADHD medication, and **2.8%** indicate that they used another person’s prescription medication (other than ADHD medication). Cocaine is the most commonly used illicit drug (**4.5%**).

Selected Drug Use—Past 12 Months

All Students

Drug	Percent Who Report Use Within Past 12 Months
Amphetamines	0.5
Cocaine	4.5
Ecstasy	2.8
GHB/Rohypnol	0.7
Hallucinogens	4.2
Inhalants	0.6
Opiates	0.4
Sedatives	1.1
Use of at Least One of the Above Listed Drugs	8.8
Use of Another Person’s ADHD Medication	6.6
Use of Another Person’s Medication Other Than ADHD	2.8

Results

Personal Safety and Financial Health

The health of students and their subsequent success in academic life depends on a multitude of factors, both intrinsic and extrinsic to the individual. Safety and personal finances are natural sources of concern for students, parents, and college personnel. A safe campus offers students the opportunity to pursue learning in an environment free from threats to their physical or emotional well-being. As college populations become more diverse, the challenge of creating a safe environment becomes more complex. Students' decisions related to finances also affect their academic success. This section concentrates on the areas of personal safety and financial health.

National Comparison

Though many efforts are made to reduce violence and victimization on campus, these unfortunate events still occur. Nearly one in five (19.1%) women and one in 67 (1.5%) men in the United States have been victims of rape or attempted rape in their lifetime (Smith et al, 2017). Based on estimates by the National Institute of Justice, 20.0% of American women experience rape or attempted rape while in college, and more than one in nine (12.0%) student victims state the victimization was not important enough to report (Sinozich and Langton, 2014). Sexual harassment is a more prevalent occurrence for college students, with 62% reporting that they have experienced some form of sexual harassment (Hill and Silva, 2006).

Financial health is another area of concern. According to the U.S. Department of Education, the average total cost of attendance (including tuition, fees, room, and board) for full-time students is \$19,488 at four-year public institutions, \$44,702 at four-year private non-profit institutions, and \$10,091 at two-year public institutions (USDE, 2017). In 2015–2016, the average amount of grant and scholarship aid for first-year, full-time students was \$7,190 at four-year public institutions, \$20,920 at four-year private non-profit institutions, and \$5,080 at two-year public institutions (USDE, 2017). About three in five (61.6%) first-year students attending a four-year public institution, 66.7% attending a nonprofit private school, and 27.5% attending a two-year public institution borrowed money through a school loan (USDE, 2015).

Nearly four in five undergraduate students (77%) carry debit cards, while three in ten carry credit cards (30%) (Sallie Mae, 2013). More than three in five (62%) undergraduate students pay off all cards each month (Sallie Mae, 2013). The average credit card balance per undergraduate student is \$499 (Sallie Mae, 2013). More than two-fifths (41.9%) of college students report participating in some type of gambling activity during the previous school year (LaBrie et al, 2003).

Nearly two in five (**39.2%**) female students at the University of Minnesota–Twin Cities indicate that they have experienced a sexual assault within their lifetime, with **11.1%** experiencing an assault within the past 12 months. Male students at the university have experienced lower sexual assault rates, at **15.6%** within their lifetime and **4.7%** within the past 12 months.

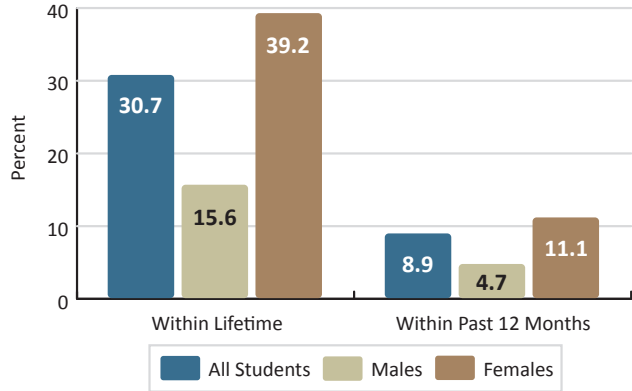
Sexual Assault—Lifetime and Past 12 Months

All Students by Gender

Sexual assault is defined as answering yes to at least one of the following two questions:

Within your lifetime or during the past 12 months, have you:

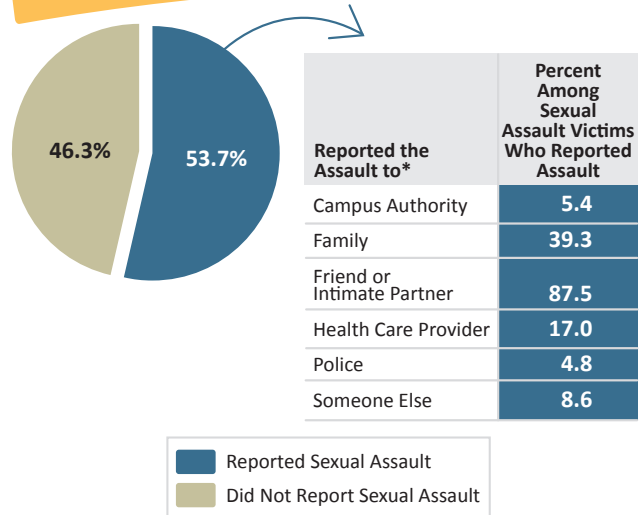
- Experienced actual or attempted sexual intercourse without your consent or against your will?
- Experienced actual or attempted sexual touching without your consent or against your will?



Of UMN–Twin Cities students who indicate they have experienced a sexual assault within their lifetime (30.7%), more than one-half (**53.7%**) state that they reported the incident. Of these students, **17.0%** reported it to a health care provider, **4.8%** reported it to the police, and **5.4%** reported it to a campus authority.

Sexual Assault Reporting by Victims—Lifetime

Sexual Assault Victims



*Students may have reported incident to individuals in more than one category.

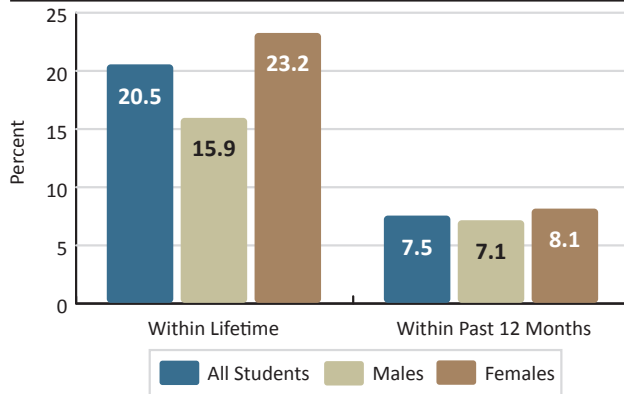
Domestic Violence—Lifetime and Past 12 Months

All Students by Gender

Domestic violence is defined as answering yes to at least one of the following two questions:

Within your lifetime or during the past 12 months, have you:

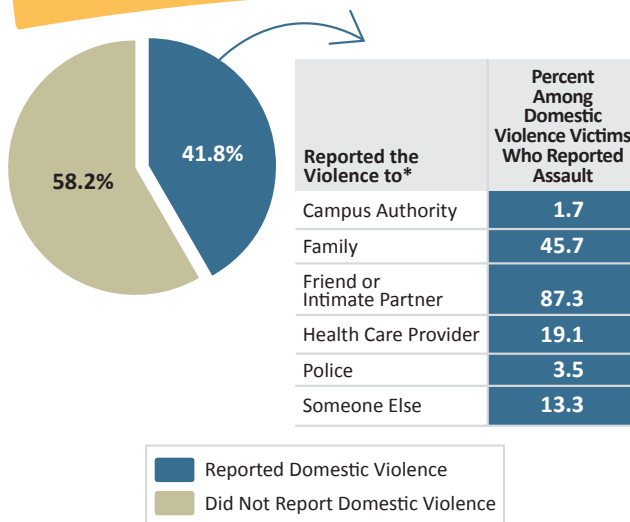
- Been slapped, kicked, or pushed by your significant other or spouse/partner?
- Been hurt by threats, “put-downs,” or yelling by your significant other or spouse/partner?



More than one in five (**23.2%**) female students at UMN–Twin Cities, and nearly one in six (**15.9%**) male students, indicate that they have experienced domestic violence within their lifetime.

Domestic Violence Reporting by Victims—Lifetime

Domestic Violence Victims

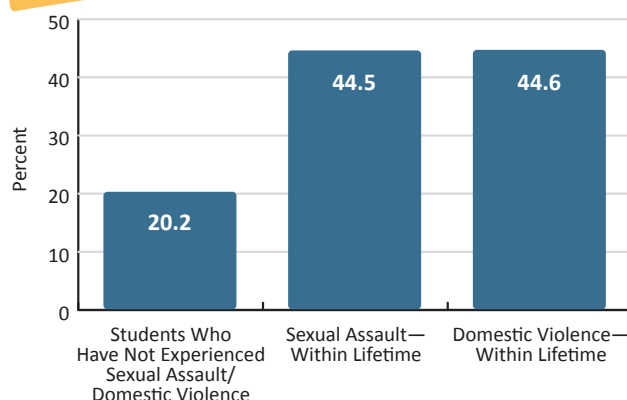


Of UMN–Twin Cities students who indicate that they have experienced domestic violence within their lifetime (20.5%), more than two-fifths (**41.8%**) state that they reported the incident. Of these students, **19.1%** reported it to a health care provider, **3.5%** reported it to the police, and **1.7%** reported it to a campus authority.

*Students may have reported incident to individuals in more than one category.

Depression Diagnosis—Lifetime

All Students by Sexual Assault/Domestic Violence



Among UMN–Twin Cities students, **44.5%** of those who report being victims of sexual assault, and **44.6%** of those who report being victims of domestic violence, say they have been diagnosed with depression within their lifetime. These rates are higher than the lifetime depression rate (**20.2%**) reported among UMN–Twin Cities students who have not experienced sexual assault or domestic violence within their lifetime.

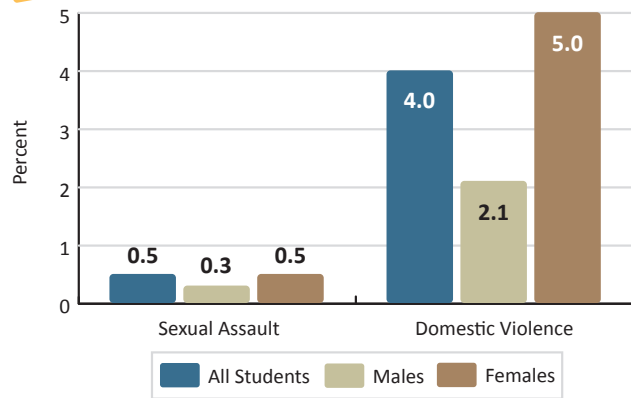
Among UMN–Twin Cities students, **0.5%** report being a perpetrator of sexual assault within the past 12 months. One in 25 (**4.0%**) students at the university report having been a perpetrator of domestic violence within that same time period.

Further examination of data shows that about one in nine (**11.1%**) students at the university report either sexually assaulting or inflicting domestic violence on another person within their lifetime. Of these students, **55.4%** indicate that they have been a victim of a sexual assault within their lifetime.

Overall, nearly three in four students at the University of Minnesota–Twin Cities report having experienced any sort of sexual harassment (**73.8%**). Sexual harassment is more commonly reported by female than by male students at the university (**81.9%** vs. **60.4%**, respectively). The most common type of sexual harassment reported was that someone told a sexual joke/story (**45.0%**).

Sexual Assault and Domestic Violence Perpetrator—Past 12 Months

All Students by Gender



Sexual Harassment

All Students by Gender

Students were asked to indicate whether they experienced any of the types of sexual harassment provided in the table. Student response options were: Not applicable, did not happen to me, occurred by a peer at my college/university; occurred by faculty/staff at my college/university; occurred by someone not at my college/university. Students were able to select all response options that applied.

Type of Harassment	Percent		
Someone told sexual joke/story	45.0	37.9	48.5
Someone attempted to draw you into a discussion of sexual matters	40.9	37.7	42.6
Someone made offensive comments about your appearance	31.4	19.9	37.5
Someone used body language of a sexual nature	25.9	14.7	32.3
Someone attempted to establish a sexual relationship	25.7	16.5	31.6
Someone continued to ask for dates	20.3	8.3	27.9
Someone touched you in a way that made you feel uncomfortable	23.9	11.0	31.2
Someone appeared to bribe you with a reward or special tickets	6.2	4.2	7.0
Someone made you feel threatened through retaliation	5.5	2.1	7.0
Someone treated you badly for refusing to have sex	11.7	5.5	15.2
Someone referred to people of your gender in offensive terms	40.9	19.7	53.2
Someone treated you “differently” because of your gender	41.9	17.5	56.0
Someone made offensive sexist remarks	44.9	22.9	58.0
Someone acted condescendingly to you because of your gender	38.5	14.1	52.8
Any Experience of Sexual Harassment	73.8	60.4	81.9



Sexual Harassment—Perpetrator

All Students by Gender

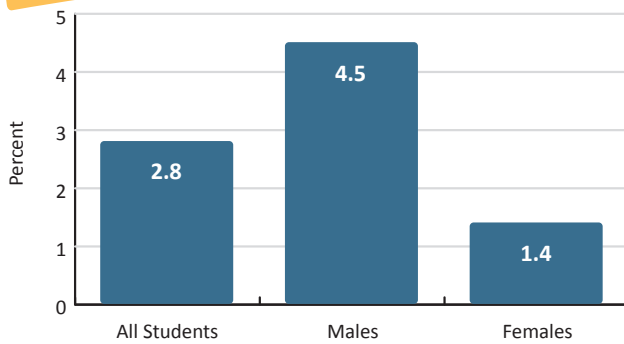
Type of Harassment	Percent								
	Perpetrated by a peer at my college/university			Perpetrated by faculty/staff at my college/university			Perpetrated by someone not at my college/university		
Someone told sexual joke/story	30.0	27.5	30.9	2.6	3.1	2.5	22.3	15.9	25.8
Someone attempted to draw you into a discussion of sexual matters	28.6	28.2	28.7	1.1	1.3	1.0	18.7	14.9	21.0
Someone made offensive comments about your appearance	15.5	13.0	16.4	0.6	0.5	0.6	20.5	9.6	26.6
Someone used body language of a sexual nature	12.1	9.4	13.3	0.7	0.4	1.0	16.8	7.3	22.6
Someone attempted to establish a sexual relationship	13.3	10.2	15.1	0.3	0.5	0.2	15.1	7.0	20.2
Someone continued to ask for dates	10.2	5.4	13.2	0.3	0.4	0.3	12.1	3.4	17.6
Someone touched you in a way that made you feel uncomfortable	9.9	5.6	12.2	0.3	0.1	0.2	15.5	5.8	20.9
Someone appeared to bribe you with a reward or special tickets	1.8	1.7	1.7	0.2	0.4	0.1	4.4	2.2	5.3
Someone made you feel threatened through retaliation	1.5	0.6	1.8	0.2	0.5	0.0	4.0	1.0	5.5
Someone treated you badly for refusing to have sex	4.9	2.2	6.3	0.2	0.5	0.0	7.7	3.4	10.1
Someone referred to people of your gender in offensive terms	24.4	13.3	30.7	4.1	3.0	4.4	26.7	11.4	35.5
Someone treated you “differently” because of your gender	23.4	11.4	30.3	7.0	3.9	8.2	25.9	7.9	36.2
Someone made offensive sexist remarks	25.0	14.7	31.3	5.0	2.5	5.8	29.3	12.3	39.4
Someone acted condescendingly to you because of your gender	20.7	9.2	27.6	5.3	2.3	6.5	25.5	7.4	36.1
Any Experience of Sexual Harassment	56.3	48.0	60.6	13.1	9.7	14.4	50.9	32.3	61.9



Compared to male students at UMN–Twin Cities, female students were more likely to have experienced sexual harassment from a peer, a faculty or staff member, or someone not at school. Overall, the most common sexual harassment experienced from a peer was a sexual joke/story (30.0%), the most common sexual harassment experienced from a faculty or staff member was someone treating the student “differently” because of their gender (7.0%), and the most common sexual harassment experienced from someone not at school was someone making offensive sexist remarks (29.3%).

Physical Fight—Past 12 Months

All Students by Gender

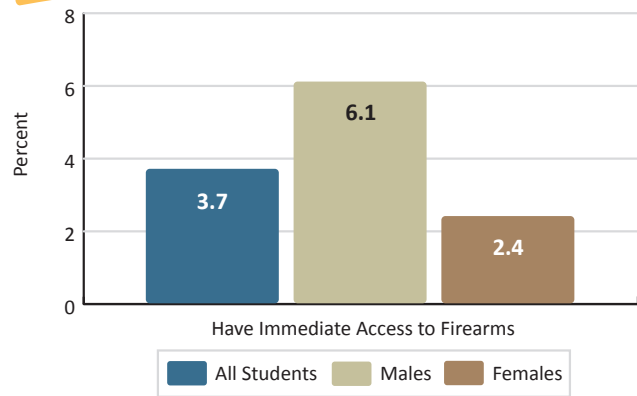


Male students at the University of Minnesota–Twin Cities are more likely to report having engaged in a physical fight over the past 12 months compared to female students (4.5% vs. 1.4%, respectively).

Male students at UMN–Twin Cities are more likely to report having immediate access to a firearm compared to female students (**6.1%** vs. **2.4%**, respectively).

Immediate Firearm Access

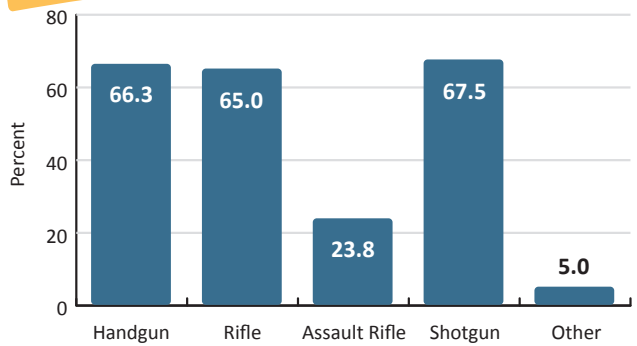
All Students by Gender



Among students with immediate access to firearms, the most common types of firearms are shotguns and handguns (**67.5%** and **66.3%**, respectively). Additionally, of those with immediate access to firearms, **17.7%** have a license for concealed carry (CCW permit).

Firearm Access—Type of Firearm

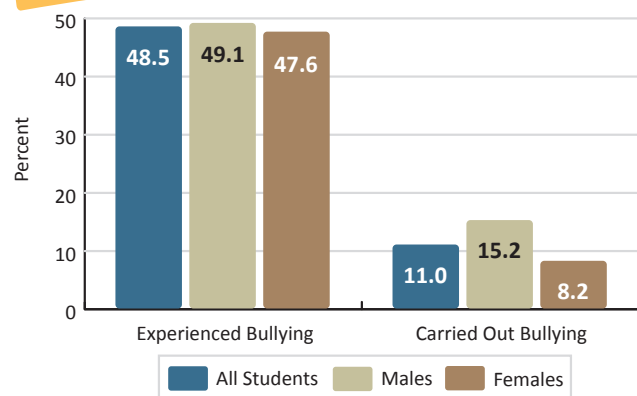
Those with Immediate Access to Firearms



Nearly one-half (**49.1%**) of male students at UMN–Twin Cities report experiencing bullying sometimes or frequently within their lifetime, as well as nearly one in two (**47.6%**) female students. Fewer than one in six (**15.2%**) male students and one in twelve female students (**8.2%**) report carrying out bullying sometimes or frequently within their lifetime.

Bullying—Lifetime

All Students by Gender



Discrimination Experience—Lifetime

All Students by Gender

Type of Discrimination	Percent		
	All Students	Males	Females
People Act as if They Are Afraid of You	33.4	42.5	27.3
People Act as if They Think You Are Not Smart	68.9	61.9	73.0
Received Poorer Service Than Other People at Restaurants or Stores	46.4	47.9	45.3
Treated with Less Courtesy or Respect Than Other People	77.2	73.8	79.0
You Are Threatened or Harassed	48.1	44.0	49.7

Note: Items found in this table are based on an everyday discrimination measure (Sternthal et al, 2011).

More than three in four (**77.2%**) UMN–Twin Cities students report being treated with less courtesy or respect than other people within their lifetime, and nearly one in two (**48.1%**) report being threatened or harassed.

Discrimination Type/Reason—Lifetime

All Students by Gender

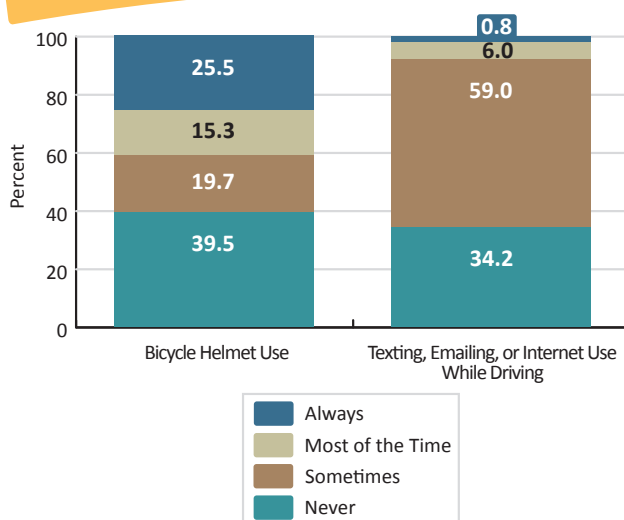
Reason for Discrimination	Percent		
	All Students	Males	Females
Age	47.4	31.5	57.1
Ancestry or National Origin	17.9	21.8	15.8
Education/Income Level	17.1	21.4	15.1
Gender	63.7	26.9	84.0
Height	18.0	22.0	16.0
HIV Status	0.1	0.0	0.0
Physical Disability	1.5	1.4	1.2
Race	27.6	34.7	24.0
Religion	8.7	10.9	7.1
Sexual Orientation	8.4	9.1	6.1
Shade of Skin Color	13.1	14.9	12.2
Weight	17.7	19.0	16.4
Other Aspect of Physical Appearance	28.6	30.7	27.6
Other	8.6	13.1	6.1

Note: Items found in this table are adapted from Williams et al (1997).

For male UMN–Twin Cities students, race is the most common reason for discrimination within their lifetime. For female students at the university, gender is the most common reason for discrimination within their lifetime.

Transportation Safety—Past 12 Months

All Students



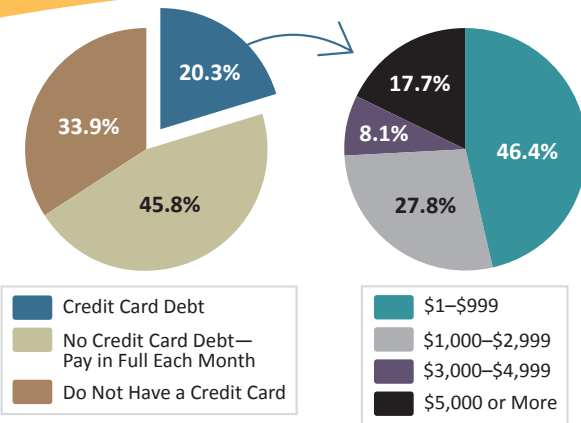
Among students at UMN–Twin Cities who ride a bicycle, nearly two in five (**39.5%**) report never wearing a helmet while riding in the past 12 months. During the same period, nearly two-thirds (**65.8%**) report texting, emailing, or using the internet sometimes, most of the time, or always while driving.

Additionally, nearly one in ten (**9.6%**) UMN–Twin Cities students report riding in a vehicle during the past 12 months with a driver who was impaired due to alcohol consumption.

More than one in five (**20.3%**) UMN–Twin Cities students report carrying some level of credit card debt over the past month. Of these students, **25.8%** report the debt as \$3,000 per month or more.

Definition:
Current Credit Card Debt
Any unpaid balance at the end of the past month.

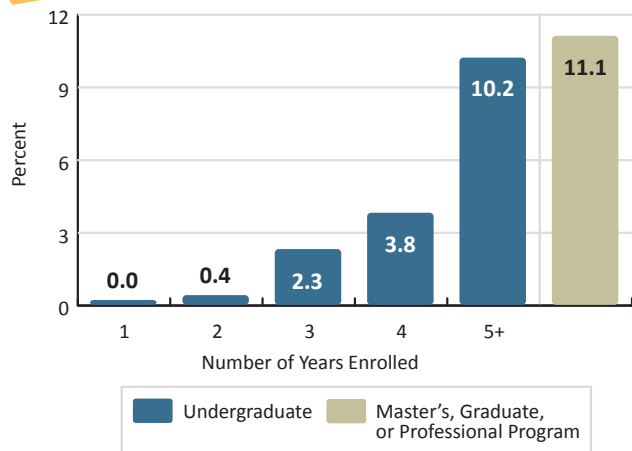
Current Credit Card Debt All Students



The percentage of University of Minnesota–Twin Cities students with a monthly credit card debt of \$3,000 or more is highest among graduate and professional students (**11.1%**).

Definition:
Credit Card Debt
A monthly debt of \$3,000 or more.

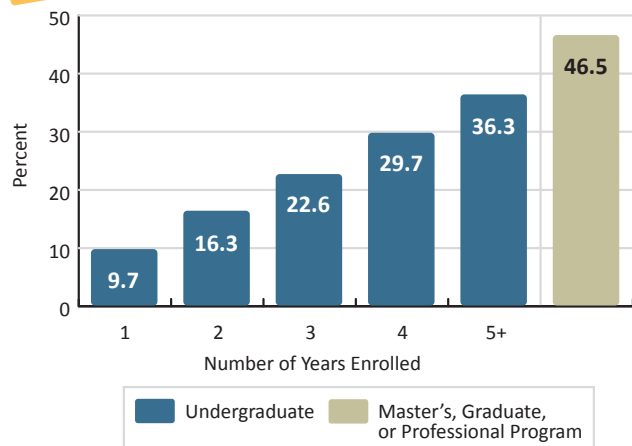
Credit Card Debt and Class Status All Students



The percentage of UMN–Twin Cities students who report a student loan balance of more than \$25,000 increases from **9.7%** among first-year students to **46.5%** among graduate and professional students.

Definition:
Student Loan Balance
A student loan balance of \$25,000 or more.

Student Loan Balance and Class Status All Students



Results

Nutrition and Physical Activity

For many students, the college years represent a time of new experiences and increased opportunities to make personal health decisions. Some of these decisions encompass the areas of nutrition and physical activity. Students are on their own, free to eat what they want, when they want. Busy academic and social schedules can take priority over eating well and exercising regularly. Class and work schedules vary from day to day and change every semester. Lifestyle changes, peer pressure, and limited finances may lead to an increase in stress, triggering overeating that results in weight gain. Limited finances may also translate into budget challenges, pitting dollars for tuition, textbooks, and housing against dollars for food.

National Comparison

Research shows that, compared to older adults, young adults in the United States generally eat fewer fruits and vegetables but are more physically active (CDC, 2017a). Young adults ages 18–27 report consuming breakfast an average of 3.1 days per week, and consuming fast food an average of 2.5 days per week (Niemeier, 2006). The rate of obesity among young adults ages 18–24 in Minnesota is 16.1% (CDC, 2017a).

Though research examining food insecurity (see definition on page 34) among young adults is limited, the prevalence of food insecurity and its negative outcomes are issues of increasing concern. Three studies conducted in the United States among college students show that 45%–59% are either food insecure or at risk of food insecurity (Chaparro et al, 2009; Maroto et al, 2015; Patton-Lopez et al, 2014).

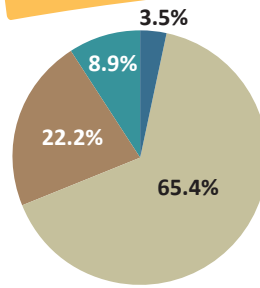
Nationwide, 84.4% of young adults ages 18–24, compared to 75.6% of all adults, report participating in at least one physical activity during the last month (CDC, 2017a). More than one-half (53.3%) of 18- to 24-year-olds report participating in 150 minutes or more of aerobic physical activity per week; for all adults, the rate is 50.8% (CDC, 2015a).

Body mass index (BMI) is a common and reliable indicator of body fat (CDC, 2015a). BMI equals weight in kilograms divided by height in meters squared (BMI = kg/m²). This table presents weight categories based on BMI ranges.

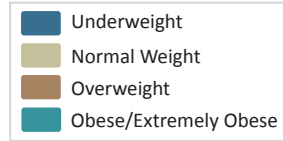
Nearly one-third (**31.1%**) of students at the University of Minnesota–Twin Cities fall within the overweight or obese/extremely obese category. This is based on self-reported height and weight.

BMI Category

All Students



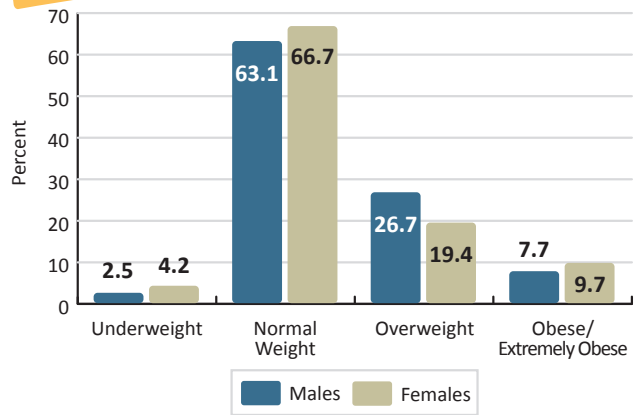
BMI Range	Weight Category
Less Than 18.5	Underweight
18.5–24.9	Normal Weight
25.0–29.9	Overweight
30.0–39.9	Obese
40.0 and Greater	Extremely Obese



More than one-third (**34.4%**) of male students and nearly three in ten (**29.1%**) female students at UMN–Twin Cities fall within the overweight or obese/extremely obese category. Additional analysis shows that the average BMI for male UMN–Twin Cities students is **24.3**, and the average BMI for female students is **24.0**. For both male and female students, these averages fall within the normal weight category.

BMI Category

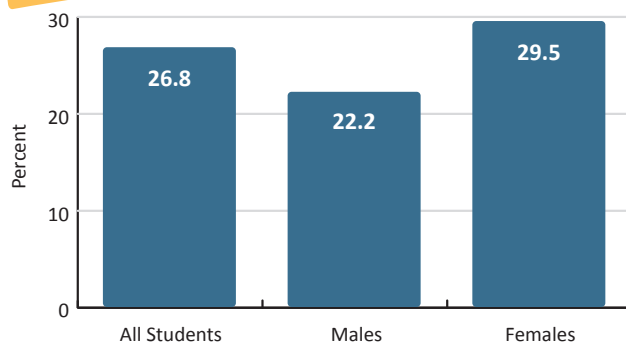
All Students by Gender



More than one in four (**26.8%**) UMN–Twin Cities students report engaging in binge eating over the past 12 months.

Binge-Eating Behavior—Past 12 Months

All Students by Gender



Meal Patterns

All Students by BMI Category

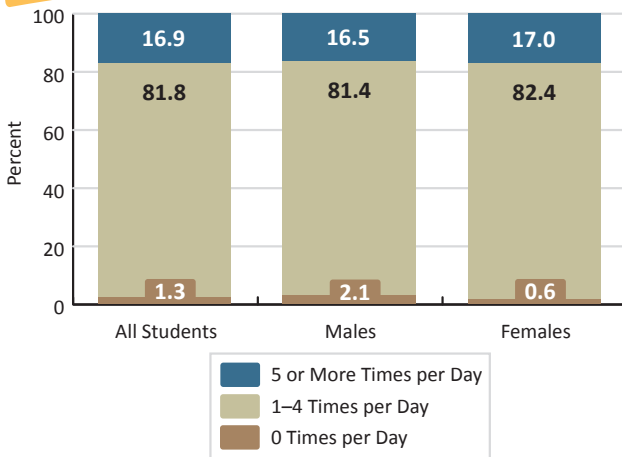
Behavior	Percent			
Breakfast Consumption (Past 7 Days)				
0 Days per Week	16.2	10.9	11.2	14.0
1–3 Days per Week	22.0	23.4	26.0	30.8
4–7 Days per Week	61.8	65.7	62.8	55.2
Fast-Food Consumption (Past 12 Months)				
1–2 Times per Month or Less	77.9	73.7	68.4	60.6
Once per Week or More	22.1	26.3	31.6	39.4



Underweight UMN–Twin Cities students report the highest rate of never eating breakfast within the past seven days. Obese/extremely obese students report the highest rate of fast-food consumption once per week or more within the past 12 months.

Fruit and Vegetable Consumption— Past Seven Days

All Students by Gender



A majority of UMN–Twin Cities students report consuming fruits and vegetables 1–4 times per day in the past seven days, with only **16.9%** consuming fruits and vegetables five or more times per day. On average, male students consume fruits and vegetables **2.9** times per day and female students consume fruits and vegetables **3.1** times per day.

Food Insecurity—Past 12 Months

All Students

In the 1990s, the United States Department of Agriculture (USDA) developed a series of questions designed to measure food insecurity. The 18-item Household Food Security Survey (HFSS) serves as the standard for assessing household food security (Bickel et al, 2000). In order to gain some insight into food insecurity among the college population, a validated two-question screening based on the HFSS was selected to appear within the College Student Health Survey (Hager et al, 2010). These two questions inquire whether a household has been worried about having money to buy food, and whether there have been times when members of the household went without food.

Food security is a necessary component to household and personal well-being. Food insecurity, though it is conceptual, measures something different from nutritional deprivation, and can be a precursor to nutritional, health, and developmental problems (Bickel et al, 2000). Mental and physical changes accompanying inadequate food intake have a bearing on learning, productivity, and physical and psychological health (Sharkey et al, 2011; McLaughlin et al, 2012).

Question	Percent			
Within the past 12 months, I worried whether my food would run out before I got money to buy more.	3.2	14.2	79.6	3.0
Within the past 12 months, the food I bought just didn't last and I didn't have money to get more.	2.1	9.6	85.8	2.5

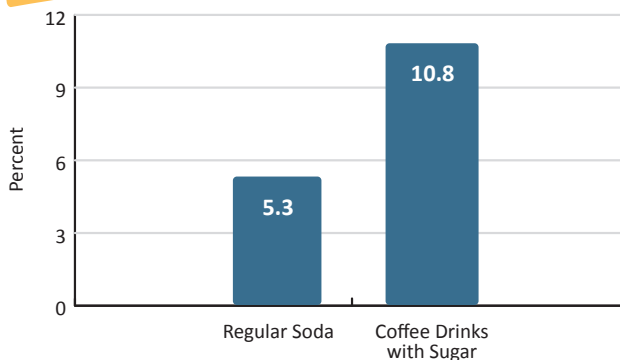


More than one in six (**17.4%**) UMN–Twin Cities students report worrying about whether their food would run out before they had money to buy more. More than one in nine (**11.7%**) report experiencing a food shortage and lacking money to buy more within the past 12 months.

Asked to report their consumption of sweetened beverages, **10.8%** of UMN–Twin Cities students report consuming coffee drinks with sugar every day in the past seven days.

Daily Sweetened Beverage Consumption —Past 30 Days

All Students



Based on their responses, students were classified into one of three physical activity levels (none/limited, moderate, or high). The high classification meets the CDC’s recommended level of physical activity for moderate- and vigorous-intensity physical activity.

Nearly three-fifths (**56.7%**) of UMN–Twin Cities students report levels of physical activity that place them in the high classification, meeting the CDC’s recommendations.

Physical Activity Level—Past Seven Days

All Students

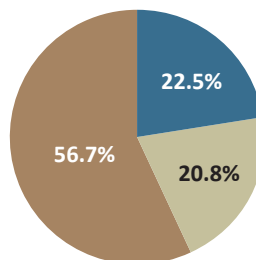
Students were asked several questions related to their physical activity level. The survey questions that relate to recommendations outlined by the Centers for Disease Control and Prevention (CDC) are:

In the past seven days, how many minutes did you spend doing the following activities?

- Strenuous exercise (heart beats rapidly)
- Moderate exercise (not exhausting)
- Exercises to strengthen or tone your muscles

The CDC recommends that adults:

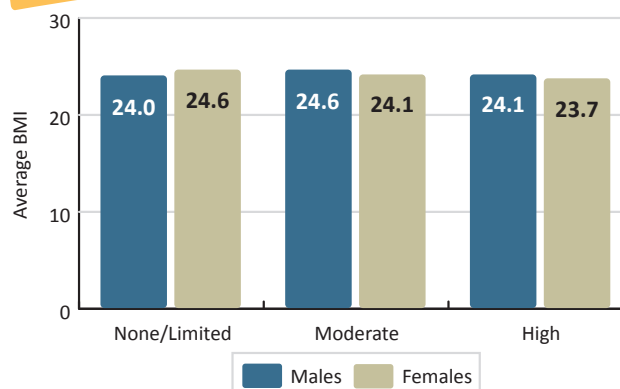
- Engage in 150 minutes of moderate-intensity physical activity every week, and engage in muscle-strengthening activities two or more days a week (CDC, 2015c).
- Or**
- Engage in 75 minutes of vigorous-intensity physical activity every week, and engage in muscle-strengthening activities two or more days a week (CDC, 2015c).
- Or**
- Engage in an equivalent mix of moderate- and vigorous-intensity aerobic activity and muscle-strengthening activities two or more days a week (CDC, 2015c).



Body mass index is lowest among male students who report no physical activity and female students who report a high level of physical activity in the past seven days.

Average BMI

All Students by Physical Activity Level and Gender



Results

Sexual Health

Some of the most important decisions facing college students concern sexual health. Choices relating to sexual behavior have the potential for significant, and often long-term, consequences. Healthy People 2020, a science-based, 10-year agenda for improving the health of all Americans, states that improving sexual health is crucial to eliminating health disparities, reducing rates of infectious diseases and infertility, and increasing educational attainment, career opportunities, and financial stability (USDHHS, 2016).

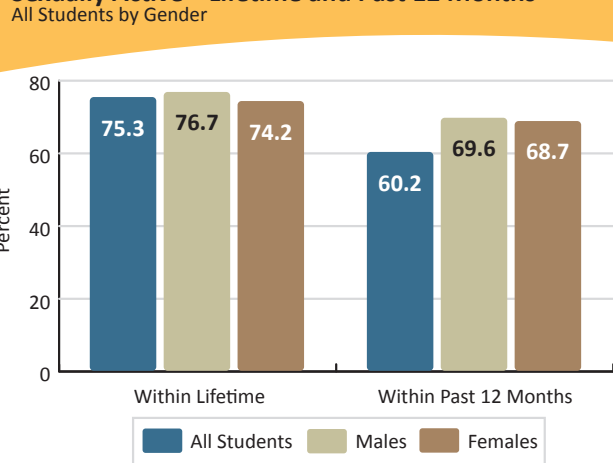
National Comparison

The majority of young adults in the United States are sexually active. Among males ages 18–19 and 20–24, respectively, 60.9% and 70.3% report that they have engaged in vaginal intercourse within their lifetime, 59.4% and 73.5% report that they have received oral sex from a partner of the opposite sex, and 9.7% and 23.7% report that they have engaged in insertive anal intercourse (Herbenick et al, 2010). Among females ages 18–19 and 20–24, respectively, 64.0% and 85.6% report that they have engaged in vaginal intercourse within their lifetime, 62.0% and 79.7% report that they have received oral sex from a partner of the opposite sex, and 20.0% and 39.9% report that they have engaged in anal intercourse (Herbenick et al, 2010). During their most recent vaginal intercourse event, 42.6% of 18- to 24-year-old males and 36.7% of 18- to 24-year-old females used a condom (Sanders et al, 2010).

Due to a combination of behavioral, biological, and cultural reasons, sexually active young adults are at increased risk for acquiring sexually transmitted infections (STIs) (CDC, 2015d). The higher prevalence of STIs among young adults reflects multiple barriers to accessing quality STI prevention services: ability to pay, lack of transportation, and concerns about confidentiality (CDC, 2015d). Among all males, 20- to 24-year-olds have the highest rate of chlamydia (1,467.8 cases per 100,000 people) and gonorrhea (539.1 cases per 100,000 people) and the second highest rate of syphilis (35.7 cases per 100,000 people) (CDC, 2015d). Among all females, 20- to 24-year-olds have the highest rates of chlamydia (3,730.3 cases per 100,000 people), gonorrhea (546.9 cases per 100,000 people), and syphilis (5.1 cases per 100,000 people) (CDC, 2015d).

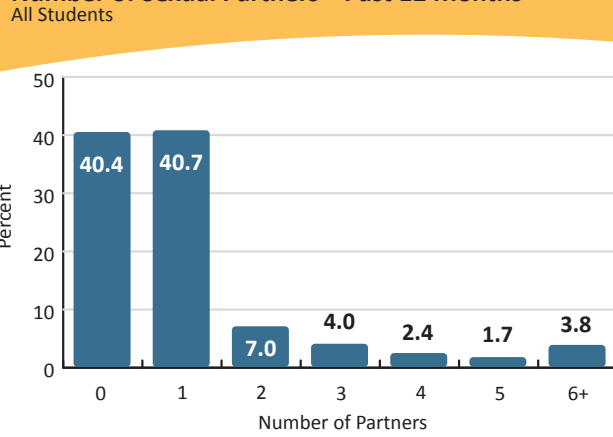
Compared to female students, male students attending the University of Minnesota–Twin Cities report higher rates of sexual activity within their lifetime and within the past 12 months.

Sexually Active—Lifetime and Past 12 Months



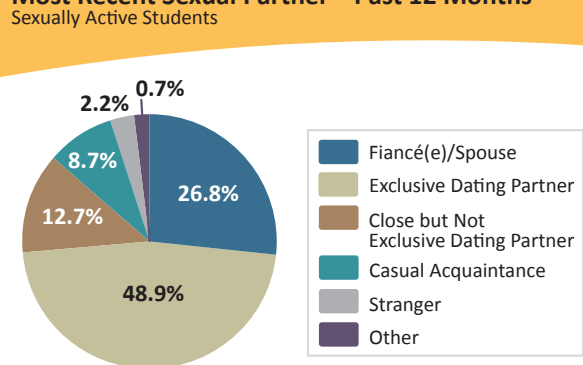
More than eight in ten (**81.1%**) UMN–Twin Cities students report having 0–1 sexual partners within the past 12 months. On average, UMN–Twin Cities students who were sexually active in the past 12 months had **2.0** sexual partners in that period.

Number of Sexual Partners—Past 12 Months



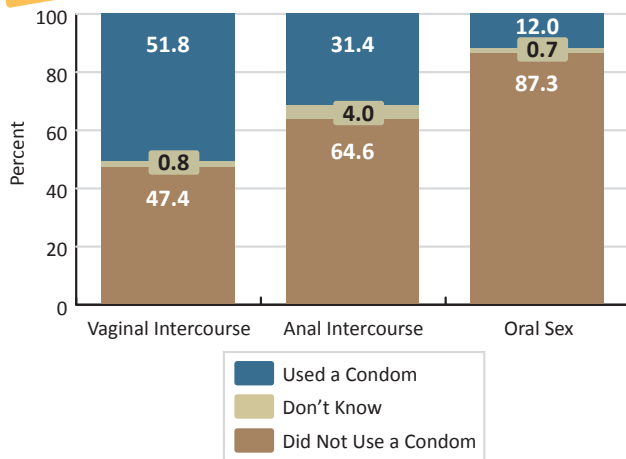
Among UMN–Twin Cities students who report being sexually active within the past 12 months, three in four (**75.7%**) report that their most recent sexual partner was either a fiancé(e)/spouse or an exclusive dating partner.

Most Recent Sexual Partner—Past 12 Months



Condom Use

Sexually Active Students Within Lifetime
(Does Not Include Those Who Are Married or With a Domestic Partner)



Among UMN–Twin Cities students who report being sexually active within their lifetime, **51.8%** used a condom the last time they engaged in vaginal intercourse, **31.4%** used a condom during the last time they had anal intercourse, and **12.0%** used a condom during their last oral sex experience. Percentages are based solely on those who indicated they engaged in the activity.

Additional analysis shows that of the 75.3% of UMN–Twin Cities students who report being sexually active within their lifetime, **91.6%** have engaged in vaginal intercourse, **95.5%** have engaged in oral sex, and **29.4%** have engaged in anal intercourse.

Pregnancy Prevention Methods

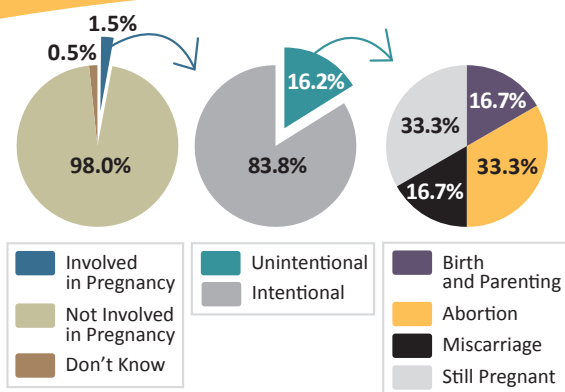
Sexually Active Students Within Lifetime

Type of Method	Percent Who Report Using Method
Birth Control Pills	37.1
Condoms	41.8
Depo-Provera (Shots)	1.3
Diaphragm and Spermicide	0.1
Emergency Contraception	1.3
Fertility Awareness	2.0
Implanon (Hormone Implant)	4.6
Intrauterine Device	17.1
NuvaRing	2.1
Patch	0.2
Sterilization (Hysterectomy, Vasectomy)	1.7
Withdrawal	15.7
Other	1.3
Don't Know/Can't Remember	1.1
Report Not Using any Method of Pregnancy Prevention	2.9

The two methods that UMN–Twin Cities students report using most commonly to prevent pregnancy the last time they engaged in vaginal intercourse are condoms (**41.8%**) and birth control pills (**37.1%**).

Unintended Pregnancy Outcome— Past 12 Months

All Students

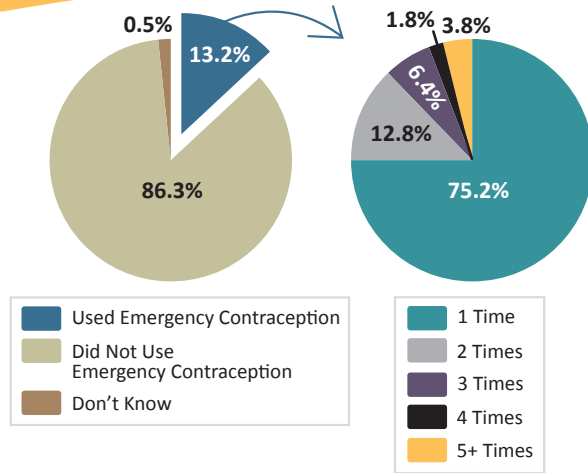


A total of **1.5%** of UMN–Twin Cities students report being involved in a pregnancy within the past 12 months. Of these students, **16.2%** state the pregnancy was unintentional. Among the unintentional pregnancies, **33.3%** resulted in abortion, **16.7%** resulted in birth and parenting, and **16.7%** resulted in miscarriage.

Among sexually active female students at the University of Minnesota–Twin Cities, **13.2%** report using emergency contraception within the past 12 months. Among these students, **75.2%** have used it once, **12.8%** have used it twice, and **12.0%** have used it at least three times.

Emergency Contraception Use—Past 12 Months

Sexually Active Female Students



Among UMN–Twin Cities students who have been sexually active within their lifetime, **9.6%** report being diagnosed with a sexually transmitted infection (STI) within their lifetime, and **2.6%** report being diagnosed with an STI within the past 12 months. Chlamydia is the STI most commonly diagnosed within students’ lifetimes and within the past 12 months.

Sexually Transmitted Infection Diagnosis—Lifetime and Past 12 Months

All Students

Sexually Transmitted Infection	Percent Who Report Being Diagnosed	
	Within Lifetime	Within Past 12 Months
Chlamydia	4.9	1.8
Genital Herpes	1.9	0.4
Genital Warts/HPV	3.4	0.6
Gonorrhea	0.9	0.3
HIV/AIDS	0.1	0.1
Pubic Lice	0.4	0.0
Syphilis	0.4	0.1
At Least One of the Above Sexually Transmitted Infections	9.6	2.6

Legend: Within Lifetime (Blue), Within Past 12 Months (Green)

Implications

Healthy individuals make better students, and better students make healthier communities.

Results from the 2018 College Student Health Survey presented in this report offer a comprehensive look at the diseases, health conditions, and health-related behaviors impacting students attending postsecondary schools in Minnesota. Identification of these health-related issues is critical, because the health of college students in Minnesota affects not only their academic achievement but also the overall health of our society.

It is intuitively obvious that health conditions can affect academic performance. The link to overall societal health is more subtle, but no less profound. Given that there are now more students enrolled in postsecondary institutions than in high schools, that college students help set the norms of behavior for our society and serve as role models for younger students, that college students are establishing and solidifying lifestyles and behaviors that will stay with them for the rest of their lives, and that obtaining a college degree is one of the major determinants of future health and economic status, the impact of the health of college students on our society becomes evident.

Appendix 1

Colleges and Universities Participating in the 2018 College Student Health Survey

School	Location	Enrollment
Bemidji State University	Cambridge, MN Coon Rapids, MN	6,396
Carleton College	Northfield, MN	1,995
Century College	White Bear Lake, MN	12,395
Hennepin Technical College	Brooklyn Park, MN	7,813
M State—Fergus Falls M State—Moorhead	Fergus Falls, MN Moorhead, MN	8,422
Minneapolis Community & Technical College	Minneapolis, MN	12,255
Pine Technical & Community College	Pine City, MN	2,547
Rainy River Community College	International Falls, MN	441
Rochester Community and Technical College	Rochester, MN	7,515
St. Catherine University	Minneapolis, MN St. Paul, MN	4,724
St. Cloud Technical & Community College	St. Cloud, MN	6,336
University of Minnesota—Crookston	Crookston, MN	2,834
University of Minnesota—Duluth	Duluth, MN	11,168
University of Minnesota—Morris	Morris, MN	1,627
University of Minnesota—Rochester	Rochester, MN	472
University of Minnesota—Twin Cities	Minneapolis, MN St. Paul, MN	51,848
Winona State University	Winona, MN	9,483

Appendix 1 References

Carleton College. (2016). *About Carleton*. Retrieved May 31, 2018, from <http://apps.carleton.edu/about/>.

Minnesota State Colleges and Universities. (2018). *Campuses*. Retrieved May 31, 2018, from <http://www.minnstate.edu/colleges/campuses.html>.

Saint Catherine University. *University Facts*. Retrieved May 31, 2018, from <https://www.stkate.edu/about/university-facts>

University of Minnesota (2018). *Official Enrollment Statistics – Office of Institutional Research*. Retrieved May 31, 2018 from <https://oir.umn.edu/student/enrollment>.

Appendix 2

University of Minnesota–Twin Cities Students Survey Demographics Based on Student Response

	All Students
Average Age (Years)	23.6
Age Range (Years)	18–65
18–24 Years	69.0%
25 Years or Older	31.0%
Average GPA	3.51
Class Status	
Undergraduate—Enrolled One Year	13.7%
Undergraduate—Enrolled Two Years	11.8%
Undergraduate—Enrolled Three Years	14.5%
Undergraduate—Enrolled Four Years	12.4%
Undergraduate—Enrolled Five or More Years	2.4%
Master’s, Graduate, or Professional Program	29.7%
Non-Degree Seeking	0.3%
Unspecified	15.3%
Gender	
Male	32.6%
Female	51.8%
TransMale, TransFemale, Genderqueer, Preferred Another Descriptor (Write-in)	1.8%
Preferred to Not Answer	13.7%
Racial Identity	
American Indian/Alaska Native	1.3%
Asian/Pacific Islander	17.0%
Black or African American	2.9%
Native Hawaiian/Other Pacific Islander	0.3%
White (Includes Middle Eastern)	66.1%
Preferred Another Descriptor (Write-in)	1.7%
Ethnic Identity	
Hispanic or Latino	4.1%
Hmong	1.9%
Somali	0.5%
None of the Above	77.9%
Preferred to Not Answer	1.1%
Sexual Identity	
Heterosexual or Straight	83.9%
Gay or Lesbian	3.6%
Bisexual	6.7%
Not Sure Yet	2.4%
Not Sure What Question Means	0.3%
Preferred Another Descriptor (Write-in)	3.1%
Current Residence	
Residence Hall or Fraternity/Sorority	17.3%
Homeless	0.1%
Other	82.6%
Other Status	
International Student	9.8%
Veteran of United States Armed Forces	2.3%
Reported at Least One Disability	13.0%

Glossary

Credit Card Debt

A monthly debt of \$3,000 or more.

Current Alcohol Use

Any alcohol use within the past 30 days.

Current Credit Card Debt

Any unpaid balance at the end of the past month.

Current Electronic Cigarette Use

Any use of an electronic cigarette within the past 30 days.

Current Hookah Use

Any use of tobacco from a water pipe (hookah) within the past 30 days.

Current Marijuana Use

Any marijuana use within the past 30 days.

Current Smokeless Tobacco Use

Any smokeless tobacco use within the past 30 days.

Current Tobacco Use

Any use of tobacco within the past 30 days. Tobacco use includes both smoking and smokeless tobacco.

High-Risk Drinking

Consumption of five or more alcoholic drinks at one sitting within the past two weeks for both males and females. A drink is defined as one shot of alcohol, a 12-ounce beer, a mixed drink containing 1 or 1.5 ounces of alcohol, a 12-ounce wine cooler, or a 5-ounce glass of wine.

Past 12-Month Alcohol Use

Any alcohol use within the past year.

Past 12-Month Marijuana Use

Any marijuana use within the past year.

Student Loan Balance

A student loan balance of \$25,000 or more.

References

- Bickel G, Nord M, Price C, Hamilton W, Cook J. (2000). *Guide to measuring food security, revised 2000*. Washington, DC, United States Department of Agriculture.
- Center for Behavioral Health Statistics and Quality. (2015). *2014 National Survey on Drug Use and Health: Detailed tables*. Substance Abuse and Mental Health Services Administration, Rockville, MD.
- Center for Behavioral Health Statistics and Quality. (2017). *Results from the 2016 National Survey on Drug Use and Health: Detailed tables*. Substance Abuse and Mental Health Services Administration, Rockville, MD.
- Centers for Disease Control and Prevention. (2014). *Adverse Childhood Experiences (ACE) Study*. Retrieved April 29, 2016, from <http://www.cdc.gov/violenceprevention/acestudy/>.
- Centers for Disease Control and Prevention. (2015a). *Behavioral Risk Factor Surveillance System* [survey data]. Atlanta, GA: U.S. Department of Health and Human Services. Retrieved April 25, 2016, from <http://apps.nccd.cdc.gov/brfss>.
- Centers for Disease Control and Prevention. (2015b). *About BMI for adults*. Retrieved May 2, 2016, from http://www.cdc.gov/healthyweight/assessing/bmi/adult_bmi/index.html.
- Centers for Disease Control and Prevention. (2015c). *How much physical activity do adults need?* Retrieved May 2, 2016, from <http://www.cdc.gov/physicalactivity/everyone/guidelines/adults.html>.
- Centers for Disease Control and Prevention. (2015d). *Sexually transmitted disease surveillance 2015*. Atlanta, GA: U.S. Department of Health and Human Services. Retrieved May 9, 2017, from <https://www.cdc.gov/std/stats15/default.htm>.
- Centers for Disease Control and Prevention. (2017a). *Behavioral Risk Factor Surveillance System* [survey data]. Atlanta, GA: U.S. Department of Health and Human Services. Retrieved May 14, 2018, from <https://www.cdc.gov/brfss/brfssprevalence/>.
- Centers for Disease Control and Prevention. (2017b). Quitting smoking among adults—United States, 2001–2015. *Morbidity and Mortality Weekly Report*, 2017;65:1457–1464.
- Chaparro MP, Zaghoul SS, Holck P, Dobbs J. (2009). Food insecurity prevalence among college students at the University of Hawai'i at Manoa. *Public Health Nutrition*, 12(11), 2097–2103.
- Chapman DP, Whitfield CL, Felitti VJ, Dube SR, Edwards VJ, Anda RF. (2003). Adverse childhood experiences and the risk of depressive disorders in adulthood. *Journal of Affective Disorders*, 82, 217–225.
- Edwards VJ, Holden GW, Felitti VJ, Anda RF. (2003). Relationship between multiple forms of childhood maltreatment and adult mental health in community respondents: Results from the Adverse Childhood Experiences Study. *American Journal of Psychiatry*, 160, 1453–1460.
- Hager E, Quigg A, Black MM, Coleman S, Heeren T, Rose-Jacobs R, Cook JT, Ettinger De Cuba SA, Casey PH, Chilton M, Cutts DB, Meyers AF, Frank D. (2010). Development and validity of a brief 2-item screen to identify families at risk for food insecurity. *Pediatrics*, 126(1), e26–e32.
- Halperin AC. (2002, March). *State of the union: Smoking on US college campuses. A report for the American Legacy Foundation*. Washington, DC. (unpublished, internal report).
- Herbenick D, Reece M, Schick V, Sanders SA, Dodge B, Fortenberry JD. (2010). Sexual behavior in the United States: Results from a national probability sample of men and women ages 14–94. *Journal of Sexual Medicine*, 7(suppl 5), 255–265.
- Hill C, Silva E. (2006). *Drawing the Line: Sexual Harassment on Campus*. Washington, DC: American Association of University Women Educational Foundation. Retrieved May 31, 2018 from: <https://www.aauw.org/files/2013/02/drawing-the-line-sexual-harassment-on-campus.pdf>
- Holmes TH, Rahe RH. (1967). The Social Readjustment Rating Scale. *Journal of Psychosomatic Research*, 11(2), 213–218.
- Johnston LD, O'Malley PM, Bachman JG, Schulenberg JE, Miech RA. (2015). *Monitoring the Future: national survey results on drug use, 1975–2014: Volume II, College students and adults ages 19–55* Ann Arbor: Institute for Social Research, The University of Michigan.
- LaBrie RA, Shaffer HJ, LaPlant DA, Wechsler H. (2003). Correlates of college student gambling in the United States. *Journal of American College Health*, 52(2), 53–62.
- Maroto ME, Snelling A, Linck H. (2015). Food insecurity among community college students: Prevalence and association with grade point average. *Community College Journal of Research and Practice*, 39(6), 515–526.
- McLaughlin KA, Greif Green J, Alegría M, Costello EJ, Gruber MJ, Sampson NA, Kessler RC. (2012). Food insecurity and mental disorders in a national sample of U.S. adolescents. *Journal of the American Academy of Child and Adolescent Psychiatry*, 51(12), 1293–1303.
- Minnesota Department of Health. (2013). *Adverse childhood experiences in Minnesota: Findings & recommendations based on the 2011 Minnesota Behavioral Risk Factor Surveillance System*. Retrieved May 14, 2018, from <http://www.health.state.mn.us/divs/cfh/program/ace/>.
- Niemeier HM, Raynor HA, Lloyd-Richardson EE, Rogers ML, Wing RR. (2006). Fast food consumption and breakfast skipping: Predictors of weight gain from adolescence to adulthood in a nationally representative sample. *Journal of Adolescent Health*, 39(6), 842–849.

- Patton-Lopez MM, Lopez-Cevallos DF, Cancel-Tirado DI, Vazquez L. (2014). Prevalence and correlates of food insecurity among students attending a midsize rural university in Oregon. *Journal of Nutrition Education and Behavior*, 46(3), 209–214.
- Sallie Mae. (2013). *How America pays for college 2013. Sallie Mae's National Study of College Students and Parents*. Retrieved May 2, 2016, from https://salliemae.newshq.businesswire.com/sites/salliemae.newshq.businesswire.com/files/doc_library/file/Sallie_Mae_Report_-_How_America_Pays_for_College_Report_FINAL_0.pdf.
- Sanders SA, Reece M, Herbenick D, Schick V, Dodge B, Fortenberry JD. (2010). Condom use during most recent vaginal intercourse event among a probability sample of adults in the United States. *Journal of Sexual Medicine*, 7(suppl 5), 362–373.
- Schiller JS, Clark TC, Norris T. (2018). *Early release of selected estimates based on data from the January–September 2017 National Health Interview Survey*. Retrieved May 14, 2018, from <https://www.cdc.gov/nchs/nhis/releases/released201609.htm#1>.
- Sharkey JR, Johnson CM, Dean WR. (2011). Relationship of household food insecurity to health-related quality of life (HRQOL) in a large sample of rural and urban women. *Women & Health*, 51(5), 442–460.
- Schulenberg JE, Johnston LD, O'Malley PM, Bachman JG, Miech RA, Patrick ME. (2017). *Monitoring the Future: national survey results on drug use, 1975–2016: Volume II, College students and adults ages 19–55* Ann Arbor: Institute for Social Research, The University of Michigan.
- Sinozich S, Langton L. (2014). *Rape and sexual assault victimization among college-age females, 1995-2013*. (Report NCJ248471). Washington, DC: US Department of Justice. Bureau of Justice Statistics.
- Smith, S.G., Chen, J., Basile, K.C., Gilbert, L.K., Merrick, M.T., Patel, N., Walling, M., & Jain, A. (2017). *The National Intimate Partner and Sexual Violence Survey (NISVS): 2010-2012 State Report*. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention.
- Sternthal M, Slopen N, Williams DR. (2011). Racial disparities in health: How much does stress really matter? *DuBois Review: Social Science Research on Race*, 8(1), 95–113.
- U.S. Department of Education, National Center for Education Statistics. (2015). *Digest of Education Statistics: 2014*. Retrieved April 29, 2016 from, <http://nces.ed.gov/programs/digest/>
- U.S. Department of Education, National Center for Education Statistics. (2016). *Digest of Education Statistics – Advance Release of Selected 2016 Digest Tables*. Retrieved May 18, 2018, from, https://nces.ed.gov/programs/digest/2016menu_tables.asp
- U.S. Department of Education, National Center for Education Statistics. (2017). *Digest of Education Statistics – Advance Release of Selected 2017 Digest Tables*. Retrieved May 18, 2018, from, https://nces.ed.gov/programs/digest/2017menu_tables.asp
- U.S. Department of Health and Human Services. (2016). *Reproductive and sexual health*. Retrieved May 2, 2016, from <https://www.healthypeople.gov/2020/leading-health-indicators/2020-lhi-topics/Reproductive-and-Sexual-Health>.
- Williams DR, Yu Y, Jackson JS, Anderson NB. (1997). Racial differences in physical and mental health: Socioeconomic status, stress, and discrimination. *Journal of Health Psychology*, 2(3), 335–351.

2018 Boynton Health Survey Team

Principal Investigator

Katherine Lust, Ph.D., M.P.H., R.D.
612-624-6214 • lustx001@umn.edu

Report Coordinator

Meghan Mason, Ph.D., M.P.H.

Graphic Design and Editing

Amy Bartkus
Susan Everson, Ph.D.


Public Health, Communications and Marketing

Dave Golden
Anne Hodgson
Kirk Marshall
Kelly Towle
Margaret VanEchaute
Holly Ziemer

Published October 2018

The University of Minnesota is an equal opportunity educator and employer.

This publication is available in alternative formats upon request.

 Contains a minimum of 10% post-consumer waste.

For more information or additional copies, contact the Boynton Health Marketing Department at 612-625-6410 or aehodgso@umn.edu.



BOYNTON HEALTH

UNIVERSITY OF MINNESOTA

www.boynton.umn.edu

410 Church Street S.E., Minneapolis, MN 55455
Phone 612-625-6410

©2018 Regents of the University of Minnesota. All rights reserved.